

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 AUG 27 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057747 (4)

1. Corporation Name:

UNIVERSAL TECHNOLOGY INTERNATIONAL CORP.

Principal Place of Business

430 S.W. 89TH AVE.
MIAMI FL 33174

Mailing Address

430 S.W. 89TH AVE.
MIAMI FL 33174



2. Principal Place of Business		2a. Mailing Address	
21 7345 SW 41st Street	26 7345 S.W. 41st Street		
22 N/A	27 N/A		
23 Miami, Florida	28 Miami		
24 33155	29 33155	30 USA	

3. Date Incorporated or Qualified	3a. Date of Last Report
07/26/1995	
4. FEI Number	Applied For Not Applicable
65-0606740	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☒	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MARCONI R., MAURICIO
430 S.W. 89TH AVE.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name Manuel J. Diaz
82 Street Address (P.O. Box Number is Not Acceptable)
7345 S.W. 41st Street
83
84 City Miami FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

8/26/96

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DIAZ, MANUEL
STREET ADDRESS	2350 N.E. 135TH ST., SUITE 1004
CITY-ST-ZIP	MIAMI FL 33181
TITLE	D
NAME	MARCONI R., MAURICIO
STREET ADDRESS	430 S.W. 89TH AVE.
CITY-ST-ZIP	MIAMI FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V, T
12 NAME	Reis, Marisa
13 STREET ADDRESS	7345 SW 41st Street
14 CITY-ST-ZIP	Miami, Florida 33155
21 TITLE	V, S
22 NAME	Diamond, Glenn S.
23 STREET ADDRESS	181 Crandon Blvd., No. 106
24 CITY-ST-ZIP	Key Biscayne, Florida 33149
31 TITLE	
32 NAME	300001934343
33 STREET ADDRESS	-08/28/96--01057--004
34 CITY-ST-ZIP	***375.00 ***375.00
41 TITLE	
42 NAME	300001934343
43 STREET ADDRESS	-08/28/96--01057--003
44 CITY-ST-ZIP	*****8.75 *****8.75
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information and data on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Diaz

8/26/96

305-665-9262

CR2E034 (3/96)