FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90141 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000057747**1. Corporation Name

UNIVERSAL TECHNOLOGY INTERNATIONAL CORP.

Principal Place of Business Mailing Address						- 1 (66)(66) (78 (876) 67(1) 63(1) 68(1) 48(1) 994	# # # # # # # # # # # # # # # # # # #	41811 1881 1881
245 SE 1ST ST 245 SE 1ST ST							,	
STE 400						DO NOT WRITE IN TH	IS SPACE	
MIAMI FL 33131 MIAMI FL 33131 US US						3. Date Incorporated or Qualifed		
						07/26/1995	*	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21			<u></u>			65-0606740	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			2			5. Certificate of Status Desired	. \$8.75	
22 27						3. Certificate of Catalog Desired	Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	
23 28 -						Trust Fund Contribution	Added t	io Fees
Zip	Country	Zip	Country			8. This corporation owes the current year I	Intangible ☐ Yes	□No
24	25	1771	io}			Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	vehistelen wägur	81	Name		19. Maille Bild Francisco of Iver Togratere		
DIAZ, MANUEL J			L					
7345 S.W. 41ST STREET			82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155			83					
	•							
			84	City		F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	e-named	d corpo	ration submits this statement for the purpose	of changing its	registered
l office or ri	egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was aut	horized by	the con	poration	n's board of directors. I hereby accept the app	ointment as re	gistered
ļ	in lamilar with, and accept the obligation			•]
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: 1)				nt signature	beniuper e	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	DIAZ, MANUEL			1.2 NAME				
STREET ADDRESS 2350 N.E. 135TH ST., SUITE 1004			1.3 STREET ADDRESS					}
CITY-ST-ZIP	MIAMI FL 33181	— — — — — — — — — — — — — — — — — — —	1.4 CITY-S 2.1 TITLE	T-ZIP	+		Change	Addition
TITLE	VS DELETE						□ Change	
NAME	DIAMOND, GLENN S			2.2 NAME				}
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 City-St-ZiP			_	Ì
CITY-ST-ZIP .	KEY BISCAYNE FL 33149			si-ZiP	+	The same and the s	Change	Addition
TITLE			3.1 TITLE 3.2 NAME				_	_
NAME			3.2 NAME	LVUUDEG				-
STREET ADDRESS	_		3.4. CITY-5		3			-
CITY-ST-ZIP			4.1 TITLE	1-21	+		☐ Change	Addition
NAME .	. —		4. 2 NAME					
STREET ADDRESS	ngese:			4.3 STREET ADDRESS		•	•	
'			4.4 CITY-S		"			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-611-			☐ Change	Addition
NAME		_	5.2 NAME				:	
STREET ADDRESS			5.3 STREE	T ADDRESS	s			
CITY-ST-ZIP	,		5.4 CITY-S					
TITLE		☐ DELETE	6.1 TITLE		-		Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

(305) 579-0623 Daytime Phone #