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**Mar 20 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000064256 (7)
1. Corporation Name
UNIMAR, INC.



Principal Place of Business: **2400 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131**

Mailing Address: **2400 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2310**

3. Date Incorporated or Qualified: **08/18/1995** 3a. Date of Last Report: **08/02/1996**

4. FEI Number: **65-0606649** Applied For: Not Applicable

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

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24

2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent
**JOHNSON, ETHAN W ESQ.
2400 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0632 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 female: No Yes, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

DELETE

11 TITLE: **D**

12 NAME: **GADALA-MARIA, JACOBO A**

13 STREET ADDRESS: **4975 S.W. 80TH STREET**

14 CITY - ST - ZIP: **MIAMI FL 33143**

DELETE

DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE: Change Addition

12 NAME: Change Addition

13 STREET ADDRESS: Change Addition

14 CITY - ST - ZIP: Change Addition

21 TITLE: Change Addition

22 NAME: Change Addition

23 STREET ADDRESS: Change Addition

24 CITY - ST - ZIP: Change Addition

31 TITLE: Change Addition

32 NAME: Change Addition

33 STREET ADDRESS: Change Addition

34 CITY - ST - ZIP: Change Addition

41 TITLE: Change Addition

42 NAME: Change Addition

43 STREET ADDRESS: Change Addition

44 CITY - ST - ZIP: Change Addition

51 TITLE: Change Addition

52 NAME: Change Addition

53 STREET ADDRESS: Change Addition

54 CITY - ST - ZIP: Change Addition

61 TITLE: Change Addition

62 NAME: Change Addition

63 STREET ADDRESS: Change Addition

64 CITY - ST - ZIP: Change Addition

14. I do 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 or power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable, or in an attachment with an address.

SIGNATURE: *Jacobo A. Gadala-Maria*
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 305 995-5050

CR2E034 (9/96)