FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000065484 (4)

THE LINIVERSITY FEDERATION, INC.

Principal Place of Business 2100 \$ OCEAN LANE. #2507 FT LAUDERDALE FL 33316 2100 \$ OCEAN LANE. #2507 FT LAUDERDALE FL 33316-3828 3. Date Incorporated or Qualified 08/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number APPLIED FOR 5-952 000 Not Applied For Not Applicable Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 28. Country Country Country Applied For Not Applicable Sa.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032,	I THE OIL	INCLIONAL PEDENTATION, II							
3. Date Incorporated or Qualified 08/22/1995 2. Principal Flace of Business 2a. Mailing Address 4. FEI Number APPLIED FOR S-06-2 of 50 Not Applicable O8/22/1995 2. Principal Flace of Business 2a. Mailing Address 4. FEI Number APPLIED FOR S-06-2 of 50 Not Applicable O8/22/1995 3. Date Incorporated or Qualified 08/22/1995 3. Date Incorporated or Qualified 08/22/1996 4. FEI Number APPLIED FOR S-06-2 of 50 Not Applicable O8/22/1996 3. Date Incorporated or Qualified 08/22/1996 4. FEI Number APPLIED FOR S-06-2 of 50 Not Applicable O8/22/1996 5. Certificate of Status Desired 58.75 Additional Fee Required Fee	Principal Plac	ce of Business	Mailing Address						
2. Principal Place of Business 2a. Mailing Address 4. FEI Number A. FEI	2100 S OCEAN LANE. #2507				:				
Suite, Apl. #. etc. Suite, Ap							08/22/1995 06/20/1996		
Suite, Appl. #, etc. State	2. Principal f	Place of Business	├ ¬						
City & State		#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Contificate of Status Decired S8.75 Additional		
Country Zip Country Zip Country Zip Country Statutes Yes No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address 1		te	h1				, , , , , , , , , , , , , , , , , , , ,		
BMO CORPORATE SERVICES, INC. 100 NE 3RD AVE, SUITE 1100 FT LAUDERDALE FL 33301 81 B4 City FL 85 Zip Code		25	29		Country		· · · · · · · · · · · · · · · · · · ·		
11. Pursuant to the provisions of Sections 607.0502 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 a militar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HILE PSTO DELETE 1.1 HILE Change Addition NAME SCHURE, ALEXANDER DR SIRRET ADDRESS CITY-SI-ZIP TIL AUDERDALE FL DELETE 2.1 HILE Change Addition NAME SIRRET ADDRESS CITY-SI-ZIP Change Addition Addition NAME SIRRET ADDRESS CITY-SI-ZIP Change Addition Addition Addition							10. Name and Address of New Registered Agent		
### City ### City ### City ### City ### City ### Addition submits this statement for the purpose of changing its 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 a metalliar with, and accept the obligations of, Section 607.0505, Florida Statutes. #### Signalure typed or pended name of legistered agent and locit it applicable (NOTE Registered Agent signature required when reinstating) #### DATE 12.	EMO CORPORATE SERVICES, INC.				81	Name			
### City ### Compared to the provisions of Sections 607.05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent it am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. ### Signature typed or purbod name of legistered agent and local Rappheaths (NOTE Registered Agent signature required when reliabilities) DATE ### PSTD	100 NE 3RD AVE, SUITE 1100				82	Street Ac	ess (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature byted or pented name of inguisered agent and tool B applicable (NOTE Registered Agent signature required when reinstating) DATE	FT LAUDERDALE FL 33301								
11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 and have been period accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature bysed or period name of registered agent and have it applicable. INDIE Registered Agent signature required when reinstateg) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PSTD DELETE 1.1 TITLE Change Addition SCHURE, ALEXANDER DR SIREELADDRESS CITY-SI-ZIF FT LAUDERDALE FL DELETE 2.1 TITLE Change Addition Addition SIREELADDRESS CITY-SI-ZIF STREELADDRESS CITY-SI-ZIF Addition 2.2 NAME SIREELADDRESS CITY-SI-ZIF Addition					83				
SIGNATURE Spriative typind or printed name of registered agent and loce it applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD SCHURE, ALEXANDER DR 1.2 NAME SIREET ADDRESS CITY-ST-ZIP TITLE 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE 2.3 STREET ADDRESS CITY-ST-ZIP					84	City	FL 85 Zip Code		
SIGNATURE Spriative typind or printed name of registered agent and loce it applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD SCHURE, ALEXANDER DR 1.2 NAME SIREET ADDRESS CITY-ST-ZIP TITLE 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE 2.3 STREET ADDRESS CITY-ST-ZIP	11. Pursuant office or agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obti	02 and 607.1508, Florida Sta le of Florida. Such change wa gations of, Section 607.0505,	itules, th as author Florida	e above rized by Statutes	-named co the corpo	orporation submits this statement for the purpose of changing its registered tration's board of directors. I hereby accept the appointment as registered		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD DELETE 1.1 TITLE Change Addition NAME SCHURE, ALEXANDER DR 1.2 NAME STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 2.2 NAME STREET ADDRESS CITY-ST-ZIP 2.2 NAME STREET ADDRESS CITY-ST-ZIP 2.2 NAME STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP									
PSTO						nt signature re			
NAME SCHURE, ALEXANDER DR 1.2 NAME STREET ADDRESS 2100 S OCEAN LANE, ₱2507 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP						1			
1.3 STREET ADDRESS 2100 S OCEAN LANE, #2507 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1	1	☐ DETER			ļ	C Sugnifica		
CITY-ST-ZIP	1								
TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP		ET LAUDEDDALE EL							
NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-7/P 2.4 CITY-SI-7/P	h	4"				Change Laddition			
STREET ADDRESS CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	I					C orongo C Madadan			
CITY-ST-7IP 2.4 CITY-ST-ZIP	',								
		17.00							
The State State		The state of the s			1 - ZIP	Change Addition			
NAME 3.2 NAME	1		L. J DELETE				C. Orango C. Manada		
STREET ADDRESS 3.3 STREET ADDRESS						ADDRESS			

6.4 CITY-ST-ZIP CITY - S1 - ZIP 14. I do nereby 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.

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

53 STREET ADDRESS

54 CITY-ST-ZIP

44 CITY-ST-ZIP

41 TITLE 4 2 NAME

51 TITLE 52 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZiP

STREET ADDRESS CITY - S1 - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

THUE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 01 1 1 2 Herander Deline From 6 1897 954-522-7138

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 12 1997 8:00am

Secretary of State