

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000066961 (0)

1. Corporation Name
UNI, CO.



Principal Place of Business: % 2600 DOUGLAS ROAD SUITE 501 CORAL GABLES FL 33134
Mailing Address: % 2600 DOUGLAS ROAD SUITE 501 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 08/29/1995
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 12205 S.W. 16 TERR. Suite, Apt. #, etc. 22 A108 City & State 23 MIAMI, FLORIDA Zip 24 33125 Country 25 DADE
2a. Mailing Address: 26 12205 S.W. 16 TERR. Suite, Apt. #, etc. 27 A108 City & State 28 MIAMI, FLORIDA Zip 29 33175 Country 30 DADE

4. FEI Number: 65-0606547 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: MUR, LAZARO J 2600 DOUGLAS ROAD SUITE 501 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name: A. ENRIQUE ALONSO 82 Street Address (P.O. Box Number is Not Acceptable): 12205 S.W. 16 TERR. # A108 83 City: MIAMI FL 85 Zip Code: 33175

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *A. Alonso* (NOTE: Registered Agent signature required when reinstating) DATE: 4/16/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A. ENRIQUE ALONSO
1.3 STREET ADDRESS	12205 S.W. 16 TERR. #A108
1.4 CITY-ST-ZIP	MIAMI, FL 33175 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	100001837291
4.3 STREET ADDRESS	-05/23/96--01070--028
4.4 CITY-ST-ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied 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 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.

SIGNATURE: *A. Alonso* A. E. ALONSO DATE: 4/16/96 (305) 552-9792

CR2E034 (12/95)