## 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

## DOCUMENT # P95000076142 (5)

UNIVERSAL SCOPING, INC.

Principal f	Place of	Business
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Mailing Address

4940 S.W. 152ND AVENUE MIRAMAR FL 33027 4940 S.W. 152ND AVENUE MIRAMAR FL 33027-3624

## FILED May 08 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1995 11/21/1996						
2. Principal P	lace of Business	2a. Mailing Addre	ess			4. FEI Number		Ar	plied For_	
21		26				65-0611486		No	ot Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #,	ata.		-	5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & Stat	0	City & State	1			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	7(p)	Zip Country			This corporation has liability for intengible tax under s. 199.032,     Florida Statutes     No     No				
<del></del>	9. Name and Address of Curre		1.2.1	10. Name and Address of New Registered Agent						1
NOG	UERA, MADELINE			81	Name				····	
	) S.W. 152ND AVE.			\						_
4940 S.W. 132ND AVE. MIRAMAR FL 33027			82	Street Add	Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City		FL	85 Zip (	Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat re familiar with, and accept the obli	e of Florida. Such chanc	ie was authorize	ed be	the corpor	rporation submits this statement for the pation's board of directors. I hereby accept	virnoeo of	changing it ointrient as	ts registered registered	
SIGNATURE	7 10 10 10	ruela				Jured when reinstating)	DATE	77		
12.	OFFICERS A	ND DIRECTORS	13.	,	• •	ADDITIONS/CHANGES 10 OFFIC	ERS AND	DIRECTOR	3S IN 12	Í
TITLE	D	DE1	.E16 1.1	TITLE				Change	Addition	Ž
NAME	NOGUERA, MADELINE		1.21	MAVE						3
STREET ADDRESS	4940 S.W. 152ND AVE.		1.3 \$	STREET	ADDRESS					١
CITY-ST-ZIP	MIRAMAR FL 33027		1.4 CI		11-7IP					Š
TITLE		DE L	.ETÉ 2.1	IILE				Change	Addition	7
NAME			2.24	NAME						
STREET ADDRESS	2.		2.3 \$	2.3 STREET ADDRESS						ĺ
CITY-ST-ZIP	2.4		CITY-:	ST-71P					1	
TITLE		□ DEI	FTE 31	HILF				Change	Addition	1
NAME			3.2	NAME	İ					
STREET ADDRESS			3.3 \$	STREET	ADDRESS					
CITY-ST-ZIP			34	CITY - :	S1-ZIP					1
TITLE		□ DEC		TITLE		77.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Change	Addition	1
NAME			4.2	NAME						
STREET ADDRESS			43!	STREET	ADDRESS					
CITY-ST-ZIP				OITY-S						
TITLE		DEI		UTLE				Change	Addition	1
NAME		_,		NAME					E3 (100)(101)	
STREET ADDRESS					ADDRESS					
					·					
CITY-ST-ZIP TITLE		DEI DEI		CITY-S Inle	01 - 70"			Change	Addition	1
NAME		[ ] NEI	B *	NAME				T olimido	LT MODITION	
Tarion.	÷				ADDUCCO					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 (	CITY - S	51-20°					_

4. 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 eath; 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.

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MANAGER DINE LINE COLOR BELLEVILLE

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