


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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000078019**
 1. Corporation Name
UNIQUE CONCEPTS International, INC.
P95000078019



Principal Place of Business % GREENBERG-TRAURIG 1221 BRICKELL AVENUE MIAMI-FL 33134	Mailing Address % GREENBERG-TRAURIG 1221 BRICKELL AVENUE MIAMI-FL 33134
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3. Date Incorporated or Qualified 10/11/1995	3a. Date of Last Report
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2. Principal Place of Business 21 7035 Gleneagle Drive Suite, Apt. #, etc.	2a. Mailing Address 26 7035 Gleneagle Drive Suite, Apt. #, etc.
22 City & State 23 Miami Lakes FL	27 City & State 28 Miami Lakes FL
24 Zip 33014	29 Zip 33014

4. FEI Number x 65-0624380	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 RODRIGUEZ, NELSON
 % GREENBERG-TRAURIG
 1221 BRICKELL AVENUE
 MIAMI-FL 33134

10. Name and Address of New Registered Agent
 B1 Name Rosemarie Ramos
 B2 Street Address (P.O. Box Number is Not Acceptable)
 7035 Gleneagle Drive
 B3
 B4 City Miami Lakes FL B5 Zip Code 33014

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: *Rose M. Ramos* DATE: *March 29, 96*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, NELSON 1125 S.W. 74 CT. MIAMI FL 33144 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Rose M. Ramos 7035 Gleneagle Dr. Miami Lakes, FL 33014 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, ROSEMARIE 7035 GLENEAGLE DR MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary Rose M. Ramos 7035 Gleneagle Dr. Miami Lakes FL 33014 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	700001770057 -04/05/96--01007--003 ***208.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rose M. Ramos* DATE: *March 28, 1996*
Signature and typed or printed name of signing officer or director

CR2034 (12/95) 94-4-96