FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000078025 (0)**

1. Corporation Name

UNIQUE CONCEPTS CORPORATION

Principal Place of Business	Mailing Address
~~% GREENBERG TRAURIG~~ ~~1221 BRICKELL AVENUE~~ ~~MIAMI FL 33131~~	~~% GREENBERG TRAURIG~~ ~~1221 BRICKELL AVENUE~~ ~~MIAMI FL 33131~~

3. Date Incorporated or Qualified: 10/11/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 7035 Gleneagle Drive
22: Suite, Apt. #, etc.
23: Miami Lakes FL
24: Zip 33014
25: Country

2a. Mailing Address
26: 7035 Gleneagle Drive
27: Suite, Apt. #, etc.
28: Miami Lakes FL
29: Zip 33014
30: Country

4. FEI Number: X 65-0624379 ☐ 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

9. Name and Address of Current Registered Agent

~~RODRIGUEZ, NELSON~~
~~% GREENBERG TRAURIG~~
~~1221 BRICKELL AVENUE~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Rosemarie Ramos
82 Street Address (P.O. Box Number is Not Acceptable): 7035 Gleneagle Drive
83
84 City: Miami Lakes FL 85 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: X Rose M. Ramos (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required by law) DATE: March 28, 1996

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	☒ 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 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMOS, ROSEMARIE 7035 GLENEAGLE DR MIAMI LAKES FL 33014	☒ 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 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	600001770016 -04/05/96--01007--002 ***208.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: X Rose M. Ramos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 1996 821-1104
Date / Daytime Phone #

4-4-96 pm