

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 # P95000081288 (9)

1. Corporation Name

UNIGLOBE TRADING CORP.



Principal Place of Business

3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312

Mailing Address

3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312

2. Principal Place of Business

21 4141 N. Miami Ave.

Suite, Apt., etc.

22 Ste 314

City & State

23 Miami, FL

Zip

24 33137

Country

25 U.S.A.

2a. Mailing Address

26 c/o Caroly Pedersen

Suite, Apt., etc.

27 3111 Stirling Rd.

City & State

28 Ft. Lauderdale, FL

Zip

29 33312

Country

30 U.S.A.

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

N/A

4. FEI Number

☒ 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

PEDERSEN, CAROLY  
3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name Caroly Pedersen, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)

83 3111 Stirling Rd.

84 City Ft. Lauderdale FL

85 Zip Code 33312

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 607.0504, Florida Statutes.

SIGNATURE

*Caroly Pedersen* CAROLY PEDERSEN 4/22/96

Signature, typed or printed name of registered agent, if applicable. (Print. Registered Agent signature required when so adding.)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LIU, YUFANG  
STREET ADDRESS 4141 N MIAMI AVE. SUITE 314  
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ DELETE

NAME LIU, SONGHE  
STREET ADDRESS 4141 N MIAMI AVE. SUITE 314  
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☒ DELETE

NAME ZHANG, JIN  
STREET ADDRESS 4141 N MIAMI AVE. SUITE 314  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*刘松鹤*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 (305) 573-1501

Date: (Type Phone)

CR2E034 (12/95)