Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90004 026 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083121

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

UNIVERSAL INVESTMENT GROUP, INC.

	·						
Principal Place of Business		Mailing Address		I (SELLEN ICA IN ELECTION DESTINATION DE	.144 10102 71101 11014 1	1884 ((8) 1884	
608 N.W. 57TH AVENUE MIAMI FL 33126		608 N.W. 57TH AVENUE MIAMI FL 33126	•				
					DO NOT WRITE IN TH	IIS SPACE	
	•				3. Date Incorporated or Qualifed		
					10/30/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	' 	lied For
21	-	26			65-0620011		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27,					
City & State	e "	City & State			6. Election Campaign Financing	\$5.00 M Added to	
23	and the second s	28			Trust Fund Contribution		7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Zip	Country	Zip	Countr	4	8. This corporation owes the current year	Intangible Ses	□No
24	25		30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	su Agent	
מווד	DAY MICHEL E		0	Name			
Turbay, Miguel E 608 N.W. 57th Avenue			82	Street Add	ress (P.O. Box Number is Not Acceptable)	<u>-</u>	}
			83				
MIAMI FL 33126							1
•				City		85 Zip C	ode
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Suich change was all	ithorized by	/ tne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its r pointment as reg	registered jistered
SIGNATURE				····	ad when reinstating) DATE		
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:) D DIRECTORS	13.	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	·	D DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITICE IS	☐ Change	Addition
TITLE	D CAPI OF	- Deteric	1.1 MLE			<u></u>	_
NAME	WEISSFISCH, CARLOS						
STREET ADDRESS	10020 000111 2002 1110111111			ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE			2.1 TITLE			☐ cuarige	
NAME	WEIGON TOOM, MEDELING		2.2 NAME				1
STREET ADDRESS	10020 000111 Dirac Thoritori		2.3 STREE	ET ADDRESS			
. CITY-ST-ZIP			2.4 CITY	ST-ZIP			
TITLE	☐ DELETE 3		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				ì
STREET ADDRESS	•		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST- ZIP			
TITLE	-	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STRE	ET ADDRESS			ļ
CITY-ST-ZiP		•	4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition

14. I 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 perorn 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

☐ Addition