

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

0004572

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000000554 (1)**

1. Corporation Name

UNIVERSAL C.F.S. CORPORATION



Principal Place of Business 7833 NW 21ST COURT MIAMI FL 33122 US	Mailing Address 7833 NW 21ST ST MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/03/1996	
				4. FEI Number 65-0629353 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 checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENA, COLOBES 2789 N.W. 62ND AVENUE MIAMI FL 33122				10. Name and Address of New Registered Agent 81 Name TERESA A. AGUIAR 82 Street Address (P.O. Box Number is Not Acceptable) 1200 E 6th. COURT 83 84 City HIALEAH FL 85 Zip Code 33010			
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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 *Teresa A Aguiar* **TERESA A AGUIAR** DATE **7/07/98**
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESQUIVEL, JUAN C			1.2 NAME			
STREET ADDRESS	9011 N.W. 5TH LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESQUIVEL, JESUS E			2.2 NAME			
STREET ADDRESS	20180 WEST OAKMONT CIRCLE			2.3 STREET ADDRESS	ROBERT ESQUIVEL		
CITY-ST-ZIP	MIAMI FL 33015			2.4 CITY-ST-ZIP	15802 SW 79th. TERRACE		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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: *[Signature]* **07-06-98 (305) 594-0373**

CR2E034 (5/98)



**UNIVERSAL
CFS CORP.**

2789 N.W. 82 Ave Miami, Fl. 33122 Tel.: (305) 594-0373 Fax: (305) 594-3944

MIAMI June 30, 1998

TO: FLORIDA DEPARTMENT OF STATE

FROM: UNIVERSAL C.F.S

REF: CORPORATE FILLING

IT JUST CAME TO MY ATTENTION THE 2ND REQUEST FOR PAYMENT ON
UNIVERSAL C.F.S ANNUAL REPORT. BUT I REGRET TO INFORM YOU THAT I
NEVER RECEIVED THE ORIGINAL NOTICE.

I HAVEN'T BEEN WITH THE COMPANY VERY LONG AND I AM TRYING TO PICK UP
THE PIECES FROM THE LAST TWO PEOPLE THAT WERE HERE BEFORE.

I ASK THAT YOU PLEASE ACCEPT MY PAYMENT FOR \$ 163.75 AND WAIVE THE
PENALTY CHARGES.

I THANK YOU VERY FOR YOUR HELP WITH THIS MATTER.

SINCERELY,

Teresa Aguiar

TERESA AGUIAR
ACCOUNTING DEPT