

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 AUG 20 PM 4: 06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000008792 (9)**

1. Corporation Name
UNIQUE INVESTMENTS CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **119-25 BUILDING 25, SUITE 208 CORAL SPRINGS FL 33065**
 Mailing Address: **P.O. BOX 15235 PLANTATION FL 33318**

3. Date Incorporated or Qualified
01/29/1996

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **APPLIED FOR**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**PENA, LORNA
 GONZALEZ REALTY CORP.
 9373 W. GANLEY RD. SUITE 203
 CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
 81 Name: **LORNA PEÑA**
 82 Street Address (P.O. Box Number is Not Acceptable): **10410 ZACHARY CIRCLE #47**
 83
 84 City: **RIVERVIEW FL** 85 Zip Code: **33569**

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: *Lorna Peña* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	PENA, LORNA
STREET ADDRESS	119-25 BUILDING 25, SUITE 208
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	700002624307--4
1.3 STREET ADDRESS	-08/25/98--01022--021
1.4 CITY-ST-ZIP	****150.00 ****150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	700002624307--4
2.3 STREET ADDRESS	-08/25/98--01022--021
2.4 CITY-ST-ZIP	****400.00 ****400.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Lorna Peña* 8/15/98

CFR2E034 (10/97)