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 # P96000013637

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U.N.S.I.,	INC.									
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Principal Place	e of Business	Mailing Address		,	1 10001100011110111111	. skii ss iii es iii e	8151 98 187 H		inid juut juut	
11592 S.W. 148 PATH 11592 S.W. 148 PATH									. •	
MIAMI FL 33190		MIAMI FL 33196			50	NOT WRITE	IN THIS S	DACE .		
	•				3. Date Incorporated		in inio a	PACE	-	١
		•			02/13/1996	or Qualified				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Apr	lied For	
_	lace of business	26			65-0639297			1 1 1 1	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75 A		
22	,	27			5. Certificate of Status	Desired L		Fee Red	quired	
City & State	e	City & State			6. Election Campaign	Financing _F	-	\$5.00	May Be	
23	*. *	28			Trust Fund Contrib	ution	<u> </u>	Added to		
Zip	Country	Zip	Country		8. This corporation or	wes the current	•			
24	25	29 3	30		Personal Property				□No	
	9. Name and Address of Curren				10. Name and Addres	ss of New Reg	istered A	gent	·	ł
MEG	A, MANUEL A		81	Name						
	BRICKEL AVE		82	Street Addre	ess (P.O. Box Number is	Not Acceptable	:)			
	, 660		. 83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE CONTRACT CARREST		C. (C. C. S. C.)	1.00 para (4.12.) 190: 1431 - 981	
	WI FL 33131		83							
1007			84	City		The state of the state of	FL	85 Zip`C	ode	ļ
A . P . 10	60	2 4 COZ 4500 Flands Ct-hut-	·	nomed serve	retion aubmits this state	nont for the nu		hanging its	renistered	1
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	z and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above- thorized by th	ne corporation	n's board of directors. I h	ereby accept th	ne appoin	tment as reg	istered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.			•		,		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: F	Registered Apent :	signature required	when reinstating)		DATE			ı
12.	OFFICERS AN						UAIE			۽ ا
TITLE	В	D DIRECTORS	13.		ADDITIONS/CHANG			DIRECTO	RS IN 12	é
	D	D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANG			DIRECTO	RS IN 12	/44,000
NAME	FIGUEROA, ARNOLDO									24 (44 100)
NAME STREET ADDRESS	=		1.1 TITLE	ADDRESS	ADDITIONS/CHANG					E024 (44 mo)
	FIGUEROA, ARNOLDO		1.1 TITLE 1.2 NAME		ADDITIONS/CHANG			☐ Change	☐ Addition	DOE004 (44 mov
STREET ADDRESS	FIGUEROA, ARNOLDO 11592 S.W. 148 PATH MIAMI FL 33196 D		1.1 TITLE 1.2 NAME 1.3 STREET A		ADDITIONS/CHANG					OD0E004 (44,000)
STREET ADDRESS CITY-ST-ZIP	FIGUEROA, ARNOLDO 11592 S.W. 148 PATH MIAMI FL 33196 D FIGUEROA, YVETTE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-		ADDITIONS/CHANG			☐ Change	☐ Addition	VD00004 (44 max
STREET ADDRESS CITY-ST-ZIP TITLE	FIGUEROA, ARNOLDO 11592 S.W. 148 PATH MIAMI FL 33196 D FIGUEROA, YVETTE 11592 S.W. 148 PATH	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ZIP	ADDITIONS/CHANG			☐ Change	☐ Addition	ODDE004 (44100)
STREET ADORESS CITY-ST-ZIP TITLE NAME	FIGUEROA, ARNOLDO 11592 S.W. 148 PATH MIAMI FL 33196 D FIGUEROA, YVETTE	□ DELETE □ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ZIP	ADDITIONS/CHANG			☐ Change	Addition	VDOEDO (44700)
STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	FIGUEROA, ARNOLDO 11592 S.W. 148 PATH MIAMI FL 33196 D FIGUEROA, YVETTE 11592 S.W. 148 PATH	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A	ZIP	ADDITIONS/CHANG			☐ Change	☐ Addition	(44,000)
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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 charges or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90009 022 ***150.00