

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUL 30 PM 2:24

DOCUMENT # P96000018760 (4)

1. Corporation Name  
UNIGLOBE, INC.



Principal Place of Business  
6371 N.W. 190 TERRACE  
MIAMI FL 33015

Mailing Address  
P.O. BOX 174038  
MIAMI FL 33017-4038

3. Date Incorporated or Qualified 02/27/1996	3a. Date of Last Report
4. FEI Number 65-0652532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

VALBRUN, LOSA  
6371 N.W. 190 TERRACE  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	REGIONAL DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LOSA VALBRUN
STREET ADDRESS		1.3 STREET ADDRESS	19321 W. DAKINMONT BL.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CLAUDE BONILLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	6371 NW 190 TR
STREET ADDRESS		2.3 STREET ADDRESS	MIAMI, FL 33015
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SECRETARY II
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	REGIONAL DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BERNARD CONSTANT
STREET ADDRESS		3.3 STREET ADDRESS	DELMAS 65. # 301A
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PORT AU PRINCE HAITI
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	600002259026--3
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-08/06/97-01093--015
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	****165.00 ****165.00
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ DATE 4/21/97 315829977

CP2E034 (9/96)

KWM