2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 02, 2004 08:00 AM Secretary of State **DOCUMENT # P96000047087** UNIMARK INTERNATIONAL, INC. Principal Place of Business Mailing Address 11511 S.W. 127TH ST. MIAMI, FL 33176 11511 S.W. 127TH ST. MIAMI, FL 33176 08302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0672048 \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent HAINES, HAROLD G DO NOT WRITE 11511 S.W. 127TH ST. MIAMI, FL 33176 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rollnstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE HAINES, HAROLD G NAME 11511 S.W. 127TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME MOSKOVITZ, DAVID 1514 S.W. 149TH AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33027 me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP щu NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/04 305-298-3349

FILED