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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

4/10/98 (305)866-7575

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047159 (4)

UNIVE	RSAL HOMES, INC.					
Principal Plac	e of Business	Mailing Address			(BBD) IABA BIAIB IBIA IBBI	
8917 COLLINS AVENUE		6917 COLLINS AVENUE				
1611		1611				
MIAMI BEACH FL 33141		MIAMI BEACH FL 33141		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
TA 53-11-115	land of D	1 & Maria (1971)		06/03/1996		
2. Principal Place of Business		26. Mailing Address 26. P.O. Box 415638		4. FEI Number	Applied For	
Sulte, Apt. #, etc.		26 P.O. Box 415638 Suite Apt. #. etc.			Not Applicable \$8.75 Additional	
—		27		5. Certificate of Status Desired	Fee Required	
22 Suite 1611 City & State		City & State		6. Election Campaign Financing		
23		26 Miami Beach, FL		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		This corporation owes or has paid the current year Intangible		
24	25 29 33141-7638 30		0	Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre			10. Name and Address of New Registered Ag	gent	
LUBIN, SETH D			81 Name			
6917 COLLINS AVE.			NESTOR, BRENDA 82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33141			Oli Oli Oli Vilo	NOTICES (I. C. ECATALINOS IS NOT A CONTROL OF		
			83			
			84 City		85 Zip Code	
			1 1 7	FL		
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.						
	m tamiliar with and according oblic	Autons of, Section 607,0505, Pioric	BRENDA NE			
SIGNATURE	Signature typi de preved name of regipcied ag	on and title if applicable (NOTE: F	Registered Agent signature rec	equired when reinstating) DATE.		
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND [DIRECTORS IN 12	
TITLE	D	☐ DEL e te	1.1 TITLE		Change Addition	
NAME	COLVIN, MELVIN		1.2 NAME			
STREET ADDRESS	6917 COLLINS AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELĒTE	2.1 TITLE		Change Addition	
NAME	Nestor, Brenda		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE	Į	Change D Addition	
NAME	FIELD, LISA		3.2 NAME			
STREET ADDRESS	6917 COLLINS AVENUE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33141		3.4. CITY-S1-ZIP			
TITLE	DCEO	☐ DELETE	4.1 TITLE	D/CEO/C*	XI Change L. Addition	
NAME	POSNER, VICTOR		4 2 NAME			
STREET ADDRESS	6917 COLLINS AVENUE		4.3 STREET ADDRESS			
City-St-ZIP	MIAMI BEACH FL 33141		4.4 CITY-ST-ZIP		1	
TITLE		☐ DELETE	5.1 TITLE	L	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Tol	
TITLE		DELETE	6.1 TITLE	L	Change Addition	
NAME			6.2 NAME			

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 logal 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 altractment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP