

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

DOCUMENT # P96000052317
1. Corporation Name

U.N.I. ENTERPRISES, INC.

Principal Place of Business
818 N.W. 47th Terrace
MIAMI, FLORIDA
33127-2318

Mailing Address
P.O. Box 013533
MIAMI, FLORIDA
33101-3533

97 JUN 27 PM 12:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified JUNE 19, 1996 | | 3a. Date of Last Report | |
| 21 | | 26 | | 4. FEI Number 65-0673703 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 23 | | 28 | | | | | |
| Zip | Country | Zip | Country | | | | |
| 24 | | 29 | | | | | |

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

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's signature required when resigning) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 12 NAME | |
| STREET ADDRESS | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | | 14 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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: Eugene E. Clapp EUGENE E. CLAPP 6/21/97 (305) 759-1688

U.N.I. Enterprises, Inc.

818 N.W. 47th Terrace
Miami, Florida 33127-2318

Phone (305) 759-1688
Fax (305) 759-9680

2/2
June 21, 1997

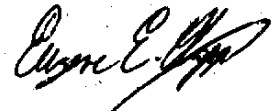
Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Corporations Officer,

On June 16, 1997, I called your office to inquire about U.N.I. Enterprises, Inc. not receiving a 201. Cor Profit Annual Report from The Division of Corporations office. At 12:41 P.M., I spoke to a gentleman who referred to himself as Andy. The problem was explained to him, and he checked the computer to find out if the Annual Report form was indeed sent to the corporations mailing address. He informed me that it had been sent out in January of 1997, but for some reason the post office 're-routed' the mailed information back to the Division of Corporations office. I asked this gentleman about the late charges that would be incurred due to this mishap. He told me just to send in the \$165.00 payment with the completed form. He then switched me over to a phone line so that I could have a 201. Cor Profit A/R sent to my address.

I ordered this form through your automated ordering system on June 16, 1997, at 12:44 P.M. On Saturday, June 21, 1997, I received this information and filled it out promptly. The mail carrier arrived late in the afternoon and all post offices had closed for the day. I sent the completed form along with a check of \$165.00 to the proper address. The letter should be post-marked Monday, June 23, 1997. Please contact me at (305) 759-1688 for any questions or comments. Thank you.

Sincerely,



Eugene E. Clapp