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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000056142 (8)

UNIMAK, INCORPORATED

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						}		45.51 51115 51151 113	1 51616 175. 1457		
6899 NORTHE MIAMI FL 3313	AST THIRD AVENUE 38	P O BOX 1371 Miami BCH FL 33119-1371 US				DO NOT WRITE IN THIS SPACE					
							 Date Incorporated or Qualified 07/03/1996 				
2. Principal Pl. 21 6440	ace of Business NE 4th COURT	28. Mailing Address 26					4. FEI Number 65-0678305		Applied For Not Applicable		
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,	\$8.75 Additional Fee Required		
City & State	11, FLORIDA	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24 331			Coul	ntry			8. This corporation owes or has pa Personal Property Tax due June	30.	r Intangible		
4-11-4-	9. Name and Address of Current	Registered Agent		81	Nama		10. Name and Address of New Re	gistered Agent			
	JNDA, AYAD			82		nHu	NDA, AYAD				
6899 NORTHEAST THIRD AVENUE MIAMI FL 33138					Street	Address	Address (P.O. Box Number is Not Acceptable) 10 NE 4th Court				
MIN	IMI FE 33 130		Ì	83	VI.	TO 1.	VC 4111 COMM				
			1	84	City			06	Zin Code		
	•			84	M	IAMI	,		Zip Code 33138		
11. Pursuant t office or re agent. Lar	o the provisions of Sections 607,0502 egistered agent, or both, in the State on Infemiliar with, and accept the obligat	and 607.1508, Florida Statutes f Florida. Such change was au ions of, Section 607.0505, Flori	, the at thorized da State					ot the appointmen	ng its registered t as registered		
SIGNATURE							when reinstalling)	4/27/98			
Signature: typed or product name of registered agent and tite if applicable. (NOTE: Re 12. OF FICE RS AND DIRECTORS					1 s gnalure	e required w	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	TORS IN 12		
TITLE	D	DELETE	13. 1.1 III	TLE		ID		Char			
NAME	KHUNDA, AYAD		1.2 NA	ME		KHU	INDA, AYAD				
STREET ADDRESS	6899 NORTHEAST THIRD AVE	NUE	1.3 ST	REET A	ADDRESS	644	O NE 4th Coult	_			
CITY-ST-ZIP	MIAMI FL 33138		1.4 CI	IY-SI	- ZIP	MIAI	MI, FLORIDA 3313				
TITLE	- _	☐ DELETE	. 2.1 Til	TLE				Char	nge [] Addition		
NAME			2.2 NA	ME					1		
STREET ADDRESS			2.3 ST	REETA	ADDRESS		<u>.</u>				
CITY-ST-ZIP		Doriere	2. 4 CI		T-ZIP	_		Char	nge Addition		
TITLE		☐ DEFELE	3.1 (1)					L. Ulla	ige L. Addition		
NAME			3.2 NA								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		DELETE	3.4. CI 4.1 TIT		1 - 211'	 		Char	nge Addition		
NAME		<u> </u>	4. 2 N								
STREET ADDRESS			i i		ADDRESS						
CITY-ST-ZIP			4.4 CI								
TITLE		☐ DELETE	5.1 111			-		Cha	nge 🔲 Addition		
NAME			5.2 NA	AME							
STREET ADDRESS			5.3 \$1	REET /	ADDRESS						
CITY-ST-ZIP			5.4 Cf			1					
TITLE		DELETE	6.1 TII			1		Cha	nge 🔲 Addition		
NAME			6 2 NA	AME							
STREET ADDRESS			6 3 ST	REET	address						
CITY-ST-ZIP			6 4 Cf			<u> </u>					
14 I hereby o	ertify that the information supplied will	b this filing does not quality for	the eve	emnt	ion state	ed in Se	ction 119.07(3)(i). Florida Statutes.	further certify that	t the information 1		

Interest comy that the information supplied with this timing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Florida statutes in formation indicated on this annual report or supplemental agreements from a 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 of 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.

1/27/00 12057759-0278