SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 AUG 26 PM 1:58 DOCUMENT # P96000060520 (9) SECRETARY OF STATE TALLAHASSEE, FLORIDA UNIVERSAL PACIFIC TRADERS, INC. Mailing Address Principal Place of Business 14865 SW 104 STREET #22 14865 SW 104 STREET #22 MIAMI FL 33196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 94 07/19/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 15-0775412 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCORPO, PAUL 14865 SW 104 STREET #22 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33196** --01116--002 **B3** ****173.75 ****173.75 84 City 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. JUAN AYOLOA **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. __ Change Addition TITLE DELETE 1.1 TITLE AYOROA, JUAN NAME 1.2 NAME 14865 SW 104 STREET #22 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change ☐ DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE # NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y-ST-Z(P TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 THLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information information indicated on this nanual I am an officer or director of the corp appears in Block 12 or Block 13 if chi of with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

achment with an address.

(4/97