

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.)

NON-PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 13 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061641 (2)

1. Corporation Name
UNIQUE STRATEGIES, INC.

Principal Place of Business
7300 OLD CUTLER RD
MIAMI FL 33143

Mailing Address
P.O. BOX 160098
MIAMI FL 33116

REINSTATEMENT

97-98

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 12415 SW 136TH AVE
22 Suite, Apt. #, etc. #06
23 City & State MIAMI FL
24 Zip 33186
25 Country USA

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified 07/22/1996
3a. Date of Last Report 90
4. FEI Number 65-0690680
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, BETH
7300 OLD CUTLER RD
MIAMI FL 33143

81 Name EVANS, BETH
82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 160098 12415 SW 136TH AVE
84 City MIAMI MIAMI FL 85 Zip Code 33186
33186-0098

TAXPAYER COPY

11. Pursuant to the provisions of Sections 607.0502 and 607.0506, 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 607.0506, Florida Statutes.

SIGNATURE *BETH EVANS* BETH EVANS PRESIDENT 3/4/98
Signature typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☒ Addition
12 NAME	PRESIDENT
13 STREET ADDRESS	BETH EVANS
14 CITY - ST - ZIP	12415 SW 136 TH AVE MIAMI, FL 33186
21 TITLE	☐ Change ☐ Addition
22 NAME	200002458892--1
23 STREET ADDRESS	-03/17/98--01015--001
24 CITY - ST - ZIP	****750.00 ****750.00
31 TITLE	200002458892--1
32 NAME	-03/17/98--01015--002
33 STREET ADDRESS	****150.00 ****150.00
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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.

CP2E034 (4/97)