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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90220 022 ***158.75

DOCUMENT # P96000075386

1. Corporation Name

UNIVERSAL INVESTORS NETWORK INC.

Principal Place of Business

1390 S. DIXIE HWY.
SUITE 2102
CORAL GABLES FL 33146

Mailing Address

1390 S. DIXIE HWY.
SUITE 2102
CORAL GABLES FL 33146

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28

Country

24

25

29 Zip

30

Country

9. Name and Address of Current Registered Agent

HERBERT, JUANITA
1390 S. DIXIE HWY.
SUITE 2102
CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, CLAUDIO M.		1.2 NAME
STREET ADDRESS	1390 S. DIXIE HWY., STE. 2102		1.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, RUBEN J.		2.2 NAME
STREET ADDRESS	1390 S. DIXIE HWY., STE. 2102		2.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, CAMILO J.		3.2 NAME
STREET ADDRESS	1390 S. DIXIE HWY, STE. 2102		3.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 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 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, with all other like empowered.

SIGNATURE: *JOSEPH CLAUDIO M. PEREZ* PRESIDENT 4/13/99 (305)668-1792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)