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

P96000089638 (6) DOCUMENT #

| UNIVERSAL U.S. CORP. | | |
|-----------------------------------|-----------------------------------|--|
| Principal Place of Business | Mailing Address | |
| 8521 NW 181 ST. MIAMI FL 33015 | 8521 NW 181 ST. MIAM! FL 33015 | DO NOT WRITE IN THIS SI |
| | | 3. Date Incorporated or Qualified 10/31/1996 |
| 2. Principal Place of Business | 2a. Mailing Address 26 | 4. FEI Number 65-0711121 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired |
| Other B. Chain | O. B. Carda | |

FILED May 01 1998 8:00am Secretary of State



| Principal Plac | ce of Business | Mailing Address | ···· | ·{ | |
|----------------|---|-----------------------------------|-----------------------------------|---|----------------------------|
| 8521 NW 18 | | - | İ | | |
| MIAMI FL 3 | | 8521 NW 181 ST. MIAM! FL 33015 | | | |
| | | | | DO NOT WRITE IN THIS | SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 10/31/1996 | |
| 2. Principal f | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0711121 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Commente of Status Desired | Fee Required |
| City & Stat | le . | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Country | 28 | 0 | Trust Fund Contribution | Added to Fees |
| | ⊢ · · · · · · · · · · · · · · · | Zip | Country | 8. This corporation owes or has paid the cu | |
| 24 | 25 9. Name and Address of Curr | | 30 | | Yes No |
| LII | | ent neglistered Agent | 81 Name | 10. Name and Address of New Registered | Agent |
| | errera, mercedes 521 NW 181 St. | | U. Haine | | |
| | IAMI FL 33015 | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| MI | IAMI EL 33015 | | 83 | | |
| | | | ** | | |
| | | | 84 City | FL | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statute | es, the above-named cor | poration submits this statement for the purpose of | of changing its registered |
| OTTICE OF I | re gistered agent, or both, in the Sta am f am iliar with, and accept the obli | le of Horida. Such change was a | uthorized by the cornors | ition's board of directors. I hereby accept the app | pointment as registered |
| SIGNATURE | Signature, typed or printed name of registered a | AIOTE | : Registered Agent signature requ | | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | ADDITIONA/OFFIANCES TO OFFICE NO AN | Change Addition |
| NAME | HERRERA, HUMBERTO | | 1.2 NAME | | |
| STREET ADDRESS | 8521 NW 181 ST. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33015 | | 1.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 2.1 TIFLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 City-St-Zip | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | · · · · · · · · |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | 1 |
| CITY-ST-ZIP | • | | 3.4. CITY - ST - ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | . — |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | . – |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZiP | | |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 DITY - ST - 7IP | | |

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 optrustee 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.