

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 26 1997 8:00am  
Secretary of State

DOCUMENT # P96000098841 (5)

1. Corporation Name

UNO MARKETING, INC.



Principal Place of Business

Mailing Address

100 N BISCAYNE BLVD. SUITE 1001  
MIAMI FL 33132

100 N BISCAYNE BLVD. SUITE 1001  
MIAMI FL 33132-2310

3. Date Incorporated or Qualified  
12/06/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Subc. Apt. #, etc.

26. Subc. Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, STEPHEN A  
520 BRICKELL KEY DR, SUITE 0-305  
MIAMI FL 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Daytime Phone # 0003012

CR2E034 (9/96)