

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P97000000451 (9)

1. Corporation Name
U V SAFEGUARD, INC.



Principal Place of Business

4141 NORTHEAST 2ND AVE., SUITE 116
MIAMI FL 33137

Mailing Address

4141 NORTHEAST 2ND AVE., SUITE 116
MIAMI FL 33137-3500

3. Date Incorporated or Qualified: 12/31/1996
3a. Date of Last Report: [Blank]
4. FEI Number: [Blank] Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Same As Above
22. Suite, Apt. #, etc.: [Blank]
23. City & State: [Blank]
24. Zip: [Blank] 25. Country: [Blank]
2a. Mailing Address
26. Same As Above
27. Suite, Apt. #, etc.: [Blank]
28. City & State: [Blank]
29. Zip: [Blank] 30. Country: [Blank]

9. Name and Address of Current Registered Agent

MITCHMAN, HOWARD J - NAME - SPELLING
7771 WEST OAKLAND PARK BLVD.
SUITE 122
FT. LAUDERDALE FL 33351

CORRECTION ONLY
NEW ADDRESS

10. Name and Address of New Registered Agent

81. Name: MILCHMAN, HOWARD J.
82. Street Address (P.O. Box Number is Not Acceptable): 9600 W. SAMPLE RD.
83. City: STE. # 205
84. City: CORAL SPRINGS FL 85. Zip Code: 33065

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: [Blank] (NOTE: Registered Agent signature required when reinstalling) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASEY, LIONEL	
STREET ADDRESS	4141 NORTHEAST 2ND AVE., SUITE 116	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RYKUS, AL	
STREET ADDRESS	4141 NORTHEAST 2ND AVE., SUITE 116	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: LIONEL P. CASEY - Lion P. Casey 4/30/97 (305) 571-4777

CR2E034 (9/96)