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

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Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000009267

1. Corporation Name
UNIVEX CORP

Principal Place of Business / Mailing Address
6595 NW 36 ST #205-4
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JAN 24, 1997

4. FEI Number: 65-0727151 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business (21): SAME	2a. Mailing Address (26): SAME
Suite, Apt. #, etc (22): "	Suite, Apt. #, etc. (27): "
City & State (23): "	City & State (28): "
Zip (24): " / Country (25): "	Zip (29): " / Country (30): "

9. Name and Address of Current Registered Agent

LUIS CASTILLO
14773 SW 58 ST
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: ANGEL GARCIA
82 Street Address (P.O. Box Number is Not Acceptable): 2635 SW 32 Nd CT
83
84 City: MIAMI FL 85 Zip Code: 33133

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 X [signature] ANGEL GARCIA JAN 26, 1998
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	PRESIDENT	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☒ Addition
NAME	LUIS CASTILLO		1.2 NAME	ANGEL GARCIA	
STREET ADDRESS	14773 SW 58 ST		1.3 STREET ADDRESS	2635 SW 32 Nd CT	
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	MIAMI FL 33133	
TITLE		☐ DELETE	2.1 TITLE		☐ 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		
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	400002422984	
STREET ADDRESS			5.3 STREET ADDRESS	-02/06/98--01002--020	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***150.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	2-9	
STREET ADDRESS			6.3 STREET ADDRESS	JR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: X [signature] ANGEL GARCIA 1/26/98 305-871-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #