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

DOCUMENT #
1. Corporation Name P97000014711 (0)

FILED Apr 14 1998 8:00am Secretary of State

UNIVERS	FAL LABS, INC.				
Principal Place of	of Business	Mailing Address			/ 1011
3690 NORTH 56	AVE., #947	3690 NORTH 56 AVE., #9	47		
HOLLYWOOD FL		HOLLYWOOD FL 33021	•		
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal Place	o of Business	2a Mailine Address		02/12/1997 4. FEI Number Applied	
	BAY BEFFY OR.	26 PO BOX 2	45116	4. FEI Number Applied Not App	
Suite, Apt. #, 6		Suite, Ap1. #, etc.	10114	\$0.75 A Juli	
22 H/	à	27 N/A		5. Certificate of Status Desired Fee Require	
City & State		City & State		6. Election Campaign Financing \$5.00 May	Re
23 PEMBPO	oke fines, fl	28 Pembroke 1	Pines FL	Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangib	ole
24 33024			30	Personal Property Tax due June 30. Yes No	
	Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
	BERG, ROBERT J		81 Name		
3690 NORTH 56 AVE., #947			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021			1 1920	D BAYBERRY DE.	
			83		
			84 City	85 Zip Code	
			<u> </u>	OBPOKE PINES FL 85 Zip Code 3302	<u> </u>
11, Pursuant to the office or regis	the provisions of Sections 607,0502 istered agent, or both, in the State (⁾ and 607.1508, Florida Statutes of Florida, Such change was au	s, the above-named corp thorized by the corporal	poration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as regist	istered tered
agent. I am f	familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes.	1./2/2-	
SIGNATURE	Kelmt V and	<u>~/</u>		<u> </u>	
12.	OFFICERS AND		Registered Agent signature requirements 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	ROBERT CANBERL		1.1 Tifle		Addition
	PRESIDENT	,	1.2 NAME		
STREET ADDRESS	19 10 BAY BERRY	OP	1.3 STREET ADDRESS		
CITY-ST-ZIP	rembroke PINES	GL 33024	1.4 CITY-ST-ZIP		
TALE	VICE TRES	DELETE	2.1 TITLE	☐ Change	Addition
NAME :	CATHERINE CALIB	(FRL)	22 NAME		
STREET ADDRESS	1920 BAYBITERY	DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINE	5 FL 33024	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		ŀ
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐	Addition
HAME			5.2 NAME		j
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 2IP		
TITLE		☐ DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		ì
STREET ADDRESS			6.3 STREET ADDRESS		
CATY-ST-ZIP			6.4 CITY-ST-ZIP	0 - 140 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
44 I horehy cert	tity that the information cumplied wit	in this films door not sublify for	the evention stated in	Section 119 07/3Vi) Florida Statutos I further certify that the inform	mation I

ritereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is report 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 chapted, or on an attachment with an address.

4/7/97