

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

FILED

May 01 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 # P97000017390 (0)
1. Corporation Name
UNIFVE, INC.



Principal Place of Business Mailing Address
9534 SW 160 ST 10420 SW 48TH ST
MIAMI, FL 33157 MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/20/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0734487	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees	
<input type="checkbox"/>					

9. Name and Address of Current Registered Agent

RIAZ, TARIO
10420 SW 48 ST
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	P	1.1 TITLE	
NAME	RIAZ, TARIO	1.2 NAME	
STREET ADDRESS	10420 SW 48TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V
NAME	AKHTER, PERVEZ	2.2 NAME	AKHTER, PERVEZ
STREET ADDRESS	10420 SW 48TH ST	2.3 STREET ADDRESS	11969 SW 72 TERR
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	ST	3.1 TITLE	ST
NAME	RIAZ, KHALID	3.2 NAME	RIAZ, KHALID
STREET ADDRESS	10420 SW 48TH ST	3.3 STREET ADDRESS	10470 SW 47 ST
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	V	4.1 TITLE	V
NAME	RIAZ, RASHID	4.2 NAME	RIAZ, RASHID
STREET ADDRESS	10420 SW 48TH ST	4.3 STREET ADDRESS	10751 SW 44 ST
CITY-ST-ZIP	MIAMI FL 33165	4.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	V	5.1 TITLE	V
NAME	RIAZ, ZAKIR	5.2 NAME	RIAZ, ZAKIR
STREET ADDRESS	10420 SW 48TH ST	5.3 STREET ADDRESS	5020 SW 103 PL
CITY-ST-ZIP	MIAMI FL 33165	5.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: KHALID RIAZ (KHALID RIAZ) 4/21/98 (305) 259-5012

CR2E034 (10/97)