## 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 #** P07000033130 (1)

U & B INTERNATIONAL CORPORA	• •				
Principal Place of Business	Mailing Address			isin seni ssise niisi	I FAIRE NAMAN INNIN ANNE ANNI
21205 YACHT CLUB DRIVE	21205 YACHT CLUB DRE	VE			
UNIT 1607	UNIT 1607				
AVENTURAS FL 33180	AVENTURAS FL 33180			WRITE IN THIS S	SPACE
			3. Date Incorporated or Qua	iriea	
2. Principal Place of Business	2a. Mailing Address	•	04/11/1997 4. FEI Number		I Ann Post For
21	26 Mailing Address		65-0804	915	Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		05-0004		\$8.75 Additional
22	27		5. Certificate of Status Desire	ed 🗆	Fee Required
City & State	City & State		8. Election Campaign Finance	ina.	\$5.00 May Be
23	28		Trust Fund Contribution	"" <sup>9</sup> □	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or h	as paid the curr	
24 25	29	30	Personal Property Tax due	· –	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of Ne	w Registered A	lgent
ARVESU, MANUEL M ESQ.		81 Name	ARVESU, MANUEL	M ESQ	(same)
100 S.E. 2ND STREET			ddress (P.O. Box Number is Not Acc		··· ( - <u>·</u>
SUITE 3700		2/2	/ PONCE DE LEON		
MIAMI FL 33131		83 50	ite 920		
			<del></del>		85 Zip Code
		°   ° ",   <b>\</b>	1immi	FL	33 <i> 34</i>
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligations of Signature.	and 607.1508, Floride Status of Florida. Such change was ions of, Section 607.0505, Fl	tes, the above-named of authorized by the corpo orida Statutes.	corporation submits this statement for oration's board of directors. I hereby	the purpose of accept the appo	changing its registered bintment as registered
SIGNATURE Signature typod or printed name of registered agon	t and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating)	DATE	
SIGNATURE Signature typod or pretted name of registered agon  12. OFFICERS AND	t and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTORS IN 12
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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.

bnuary 9th/98

**FILED** 

Mar 20 1998 8:00am

Secretary of State