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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF TATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051938 (3)

UNIQUE BRANDS, INC.

FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						EIEBE MOID IOIOS MIEL ISM IEEF
9881 NW 52 TERRACE 9881 NW 52 TERRACE						
MIAMI FL 33178 MIAMI FL 33178						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
9 Principal Pl	lace of Rucinose	2a. Mailing Address			06/11/1997 4. FEI Number	Applied For
					65-0762712	Applied For Not Applicable
26 26						\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	Country Zip Cour		ry	8. This corporation owes or has paid the	ourrent year Intangible
24			30		Personal Property Tax due June 30.	
	9. Name and Address of Curre	nt Registered Agent		.1	10. Name and Address of New Register	ed Agent
	TROVICH, RICARDO		8	1 Name		
9881 NW 52 TERRACE			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33178			<u> </u>			
			8	3		
			8	4 City		85 Zip Code
44 5		00 1 007 1 000 First - 0-1				L 85 Zip Code
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was	ies, the abo authorized l	ve-named corpora	poration submits this statement for the purposition's board of directors. I hereby accept the a	appointment as registered
agent. Lai	m familiar with, and accept the obliq	gations of, Section 607.0505, Fi	orida Statut	es.		1
SIGNATURE	Signature, typed or printed name of registered as	sont and title if applicable (NOT	IF: Registered A	mont signature requi	ired when reinstating) DATI	· · · · · · · · · · · · · · · · · · ·
12.		ND DIRECTORS	13.	gont anguator or adm	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 TITLE			Change Addition
NAME	PETROVICH, RICARDO		1.2 NAME			i i
STREET ADDRESS	A		1.3 STREET ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY	-ST-ZIP		
TITLE	DVS	DELETE	2.1 TITLE			Change Addition
NAME	Casas, Maria M		2.2 NAMI	1		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178			- ST - ZIP		
TITLE		☐ DELET E	3.1 TITLE	į į		Change Addition
NAME			3.2 NAMI	1		Į.
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	<u> </u>	DELETE	3.4. CITY		•	Change Addition
TITLE		TT) NETER	4.1 TITLE			CT change CT Muniton
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		į
CITY-\$T-ZIP TITLE		DELETE	4.4 City - 5.1 Title			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	N.			et address		
CITY-ST-ZIP	•		5.4 CITY			
TITLE	 	DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
	partifu that the information supplied	with this fiting does not qualify f			Section 119 07/3\/i) Florida Statutes I further	certify that the information

4. 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.

11.10

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32E034 (10/97)