## 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 # P97000065791 (0)

UNI INTERNATIONAL CORP.

## FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
49 LAUREL O		49 LAUREL OAK CIRCI	LAUREL OAK CIRCLE				
ORMOND BEA	ACH FL 32174	ORMOND BEACH FL 32174				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						07/28/1997	
2. Principal Place of Business 2a. Mailing Address						4 FEI Numbers	
21						593440 938   Not Applied For	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State	ө	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	-	Country 30		8. This corporation owes or has paid the current year Intangible	
24 25 29  2 Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
TOL	<del>u</del>	it negistered whelit		81	Name	10. Hame and Address of New Registered Agent	
TCHERVATIOUK, CHERYL							
49 LAUREL OAKS CIRCLE ORMOND BEACH FL 32174				82	Street Address (P.O. Box Number is Not Acceptable)		
ORI	MUNU DEACH FL 321/4			83			
				84	City	FL 85 Zip Code	
44 Pursuant t	to the provisions of Sections 607.050	12 and 607 1508. Elorida Stat	utes the at	20//8	named cor	reporation submits this statement for the purpose of changing its registered	
office or re	<b>egister</b> ed agent, or both, in the State	of Florida. Such change was	s authorized	yd b	the corpora	ation's board of directors. I hereby accept the appointment as registered	
-	m familiar with, and accept the oblig	ations of Section 607.0505, i	Fiorida Stat	utes.			
SIGNATURE	Signature, Typed or printed name of registered age	est and blic if applicable (No	O1E: Registered	I Agen	nt signature regu	ured when reinstating) DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 10	ſĻΕ		Change Addition	
NAME	TCHERVATIOUK, CHERYL		1.2 NA	ME	1		
STREET ADDRESS	49 LAUREL OAKS CIRCLE		1.3 \$		AODRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 00	1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 117	2.1 TITLE		Change Addilion	
NAME	TCHERVATIOUK, MIKHAIL		2.2 NA	ME			
STREET ADDRESS	49 LAUREL OAKS CIRCLE		2.3 ST	2.3 STREET ADD			
CITY-ST-ZIP	ORMOND BEACH FL 32174	TAL. 1 - A	2. 4 CITY		1-2#P		
TITLE		DELETE	3.1 TI	LE		☐ Change ☐ Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET A	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S'		- ZIP		
TITLE				4.1 TITLE		Change Addition	
NAME			4. 2 N	AME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		1 65,655	4.4 CI		- ZIP		
TITLE		☐ DELETE	5.1 TIT			Change Addition	
NAME			5.2 NA			•	
STREET ADDRESS					ADDRESS	479	
CITY-ST-ZIP	<del></del>	There ex	5.4 CI		- ZIP	Flat.	
TITLE		DELETE	6.1 TIT			Change Addition	
NAME			6.2 NA				
STREET ADDRESS			6.3 ST	REET A	ADDRESS		
CITY-ST-ZIP	and the state of t	in this firm do	6.4 CH			Davis 440 07(0)() Findly One 4	
indicated (	on this annual report or supplementa	al annual report is true and ac	ccurate and	i thai	t my sianatu	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an	
officer or o	director of the corporation or the rece or Block 13 if change 10 or on an alta	eiver or trustee empower <b>ed t</b> e	o executo ti	his re	eport as req	quired by Chapter 607, Florida Statutes; and that my name appears in	
DIOCK 12 C	or brook to it changers or on all alla	Granien with ad address.			_	1, 11	