## **FILED** FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Apr 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **DOCUMENT # P97000066926** 1. Corporation Name MBR UNIVERSAL TELECOMMUNICATIONS CORP. Principal Place of Business Mailing Address 6405 NW 36 ST. #107 SAME MIAMI, FL 33166 3. Date Incorporated or Qualified | 3a. Date of Last Report AUGUST 1, 1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0771068 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 26 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 USA 24 Yes X No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ELIYAHU NINIO Street Address (P.O. Box Number is Not Acceptable) 6405 NW 36 STREET #107 83 MIAMI, FL 33166 City 85 Zip Code 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 Rignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PRESIDENT 1.1 TITLE DELETE Change Addition NAME ŒLIYAHU NINIO 1.2 NAME STREET ADDRESS 6405 NW 36 STREET #107 1.3 STREET ADDRESS CRY - ST - ZIP FL 33166 NIAMI, 1.4 CITY - ST - ZIP TITLE 2.1 TITLE DELETE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE 3.1 TITLE DELETE Change Addition 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE 9000025093 6.1 TITLE DELETE NAME **6.2 NAME** -05/04/98--0109 STREET ADDRESS **6.3 STREET ADDRESS** \*\*\*150.00 CITY ST - ZIP 8.4 City - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

SIGNATURE:

V. Co. Carling