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

PROFIT

May 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P97000095230 1. Corporation Name UNIQUE CASTINGS OF ORLANDO INC Principal Place of Business Mailing Address 1613 ALTON ROAD DO NOT WRITE IN THIS SPACE MIAMI BEACH, FL 33139 3. Date Incorporated or Qualified 110697 2a. Mailing Address 26 C/O SOUTH BROWARD Principal Place of Business 4. FEI Number Applied For 65-0793339 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 1000 N HIATUS #110 Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing PEMBROKE PINES FL Trust Fund Contribution Added to Fees 23 Country Zip Country Zip This corporation owes or has paid the current year intangible 33026 Personal Property Tax due June 30. X Yes 30 US 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 DUCHMAN, YONIT Street Address (P.O. Box Number is Not Acceptable) 9650 PINES BLVD 83 STE 260 STE 110 PEMBROKE PINES FI **33026** PEMBROKE PINES FL 33026 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE TITLE DELETE DUCHMAN , YONIT NAME 1.2 NAME STREET ADDRESS 1613 ALTON RD 1.3 STREET ADDRESS 33139 MIAMI BEACH FL 1.4 CITY - ST - ZIP CITY - ST , ZIP TITLE DELETE Change Addition ARENAS, EDWIN 2.2 NAME NAME 1613 ALTON RD STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33139 2.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP 4.1 TITLE TITLE DELETE Change Addition 60**0002535876** -05/27/98--01007--010 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS ***150.00 CITY - ST - ZIP 4.4 CITY - ST - ZiP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME p NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change 6.2 NAME NAME 6.3 STREET ADDRESS 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 1/2 or Block 13 if changed, or on an attachment with an address.

Luculais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

CR2E034 (10/97)

Daytime Phone #