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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90037 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P9800019206
 1. Corporation Name UBAR MANAGEMENT CORP.

Principal Place of Business 293 SW 39 Ave Suite A Miami FL 33129
 Mailing Address 293 SW 39 Ave Suite A Miami FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3-15-98

4. FEI Number 65-0829498 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 40 SW 8 St. Suite 1 Miami FL 33130
 2a. Mailing Address 40 SW 8 St. Suite 1 Miami FL 33130
 22. Suite, Apt. #, etc. Suite 1
 27. Suite, Apt. #, etc. Suite 1
 23. City & State Miami FL
 28. City & State Miami FL
 24. Zip 33130 Country
 29. Zip 33130 Country

9. Name and Address of Current Registered Agent
VAZQUEZ, HECTOR
1800 West 49 St. Suite 217
Hialeah FL 33012

10. Name and Address of New Registered Agent
 81 Name VAZQUEZ, HECTOR
 82 Street Address (P.O. Box Number is Not Acceptable) 1800 West 49 St. Suite 213
 83
 84 City Hialeah FL 85 Zip Code 33012

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 [Signature] REGISTERED AGENT [Signature] DATE 4/29/99

12. OFFICERS AND DIRECTORS

TITLE	<u>PD</u>	<input type="checkbox"/> DELETE
NAME	<u>Luzara M. Sanchez</u>	
STREET ADDRESS	<u>450 SW 8 St. Suite 1</u>	
CITY-ST-ZIP	<u>Miami FL 33130</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #