PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90180 004 ***150.00

DOCUMENT # P9800069470 1. Corporation Name UNITZ, INC.					
UNITZ, H	NG				
Principal Place	of Business	Mailing Address			t ifficials up rathi that math edite share series areas contractions.
9190 SUNSET DR. P. O. BOX 821664					
MIAMI FL 33173 S. FLORIDA FL 33082					DO NOT WRITE IN THIS SPACE
	. •				3. Date incorporated or Qualifed
					08/10/1998
Principal Place of Business 2a. Mailing Address		^ .+h	A.10	4. FEI Number 08 51 ()	
21 8369 W. 26 th Auf 26 8369 N.		364	the_	(65-08-5)(61 Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.		—			5. Certificate of Status Desired Fee Regulard Fee Regulard
700.00		27 Cliv & State	Clty'& State		C. Fleeton Compaign Financing
23 History FC 28 History		FL		Trust Fund Contribution Added to Fees	
7:- Country 7in		Country		8. This corporation owes the current year Intangible	
24 \$3016 25 Dado 29 33014 30			$\Box \mathcal{D}$	Ade !	Personal Property Tax. Yes No
3. Hall and Addition of Addition to Brown					
METEZNAN JACK I				Name	
9190 SUNSET DR.			82 Street Addre		ess (P.O. Box Number is Not Acceptable)
. MIAMI FL 33173		-			
,					
			84	City	FL 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, if am familier with, and accept the obligations of, Socilon 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12.	OFFICERS AND	DELETE DELETE	13.	 -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Q
TITLE	D Molina, ana b	- Doctor	1.2 NAME	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS	1533 E. AVE. Q		1.3 STREET ADDRESS		(👸
CITY-ST-ZIP	PALMDALE CA 93550	•	1.4 CITY-ST-ZIP		· 2
TITLE		DELETE.	2.1 TITLE		☐ Change ☐ Addition ☐
NAME			22 NAME		
STREET ADDRESS	RESS		2.3 STREET	ADDRESS	
CITY-ST-ZIP			2.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	·	☐ DELETE	3.1 TITLE		- Clase
NAME			3.2 NAME	CADOGEOG	· · /
STREET ADDRESS			3.4. OTY-S	ì	
CITY-ST-ZIP TITLE		☐ DELETE 4			☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP	
TITLE	,	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		• •
STREET ADDRESS			5.3 STREET	1	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		Oben	6.2 NAME		
NAME STREET ADDRESS			6.3 STREET	ADORESS	,
CITY-ST-ZIP			6.4 CITY-ST	i i	
4.4 I harabu	and that the information complied with	this filling does not qualify for the	e evernnti	on stated in S	section 119.07(3)(i), Florida Statutes, I further certify that the Information

Increase certify that the intermedent supplied with this fland does not quality for the exemption stated in Section 113.07(3)(i), Fronce statutes. Turbler certify that the 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 receiverpor trustee employered 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 earlightess, with all other like empowered.

305-822-2933 1