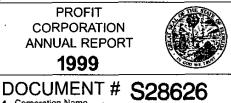
PROFIT CORPORATION ANNUAL REPORT 1999

UNIVEST INVESTMENTS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90211 033 ***150.00

Principal Place	e of Business	Mailing Address	Mailing Address			1 1921,019 119			
600 PALM AVE	NUE	600 PALM AVENUE							
SUITE A		SUITE A							
HIALEAH FL 33	010	HIALEAH FL 33010				DO NOT WRITE IN THIS SPACE			
us us						3, Date Incorporated or Qualifed		· ·	
<u></u>						01/31/1991			
	lace of Business	2a. Mailing Address				4. FEI Number	\vdash	Applied For	
21		26				65-0239097		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	_	Additional	
22		27						Required	
City & State	0	City & State						May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country Zip Cou			ry		8. This corporation owes the current year Intang		□N-	
24	25	29 3	0				Yes	□No	
	9. Name and Address of Curren	t Registered Agent		41	N	10. Name and Address of New Registered Age	<u>nt</u>		
CEC	TIDO, ANTONIO JR.		8	1	Name				
			8	2	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	PALM AVE SUITE A			┸		-			
HIAL	EAH FL 33010 .		8	3					
}	•		8	4-	City) s	5 Zip	Code	
			ľ	٦	Oity	FL	7 -	, 0000	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registe					signature required w				
12.	OFFICERS AN					ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	DP ·	☐ DELETE	1.1 TITLE			L	Change	Addition	
NAME	MACHADO, LUIS		1.2 NAME					ļ	
STREET ADDRESS	600 PALM AVE STE A		1.3 STREE		DDRESS			ļ	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-	ST-Z	ZIP				
TITLE	DS	☐ DELETE	2.1 TITLE	:	ĺ		Change	Addition	
NAME '	GESTIDO, ANTONIO JR.		2.2 NAME						
STREET ADDRESS	600 PALM AVE STE A		2.3 STREE		ODRESS				
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-		.2IP .				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME	•		3.2 NAME			•			
STREET ADDRESS			3.3 STREE		DORESS			ļ	
CITY-ST-ZIP			3.4. CITY- S						
TITLE		☐ DELETE	4.1 TITLE				Change	e Addition	
NAME ,			4. 2 NAM				_		
STREET ADDRESS			4.3 STREE		noress				
					_ I				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE		UF		Change	a Addition	
		FI DETERE	5.1 111LE				3		
NAME			5.3 STRE		nnpree	·			
STREET ADDRESS					_			ļ	
CITY-\$T-ZIP			5.4 CITY- 6.1 TITLE	3.4 CITY-ST-ZIP		····	Change	e Addition	
TITLE						L	Unange	· CT VOOIDOU }	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ETA	ODRESS				

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 type 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 he receives or trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, or

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP # STATE OF COLOR

(305) 817-2500

 $\equiv 33.33$