


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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S92146 1. Corporation Name UNLIMITED EXPRESSIONS, INC.			
Principal Place of Business 2289-N.E. 164TH STREET NORTH, MIAMI BEACH, FL 33160		Mailing Address 2289-N.E. 164TH STREET NORTH, MIAMI BEACH, FL 33160	

2. Principal Place of Business 21 7751-7753 N.W. 53RD STREET Suite, Apt. #, etc.		2a. Mailing Address 26 7751-7753 N.W. 53RD STREET Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/05/1991		3a. Date of Last Report 1996	
22 City & State MIAMI, FLORIDA		27 City & State MIAMI, FLORIDA		4. FEI Number 65-0293250		Applied For Not Applicable	
23 Zip 33166		28 Zip 33166		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FRANCISCO P. RUIZ 2289 N.E. 164TH STREET NORTH MIAMI BEACH, FLORIDA 33160				10. Name and Address of New Registered Agent 81 Name FRANCISCO P. RUIZ 82 Street Address (P.O. Box Number is Not Acceptable) 2071 N.E. 167TH STREET 83 84 City NORTH MIAMI BEACH, FL 85 Zip Code 33162			

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUIZ, FRANCISCO P.		1.2 NAME RUIZ, FRANCISCO P.	
STREET ADDRESS 2289 N.E. 164TH STREET		1.3 STREET ADDRESS 2071 N.E. 167TH STREET	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160		1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FLORIDA 33162	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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, changed, or on an attached list with an address.

SIGNATURE: **FRANCISCO P. RUIZ**

FEBRUARY 28, 1997

(305) 436-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)