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PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # V14139



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90101 025 ***150.00

UNIVERS	SAL 2000 TRAD	ING CCORPO	ORATION										
Principal Place	e of Business		Mailing Add	dress				1 199011			100 0100		01
8600 N.W. 53 TERR 8600 N.W. 53 TERR SUITE 105 SUITE 105 MIAMI FL 33166-4509 US US									DO NOT WR	ITE IN THIS	SPACE		
								3. Date Incorporated or Qualifed					
								02/14/19	92				
2. Principal Pl	ace of Business		2a. Mailing	Address				4. FEI Numbe	r			Appl	lied For
21			26					65-0332	148				Applicable
Suite, Apt.	#, etc.		Suite, A	pt. #, etc.				5. Certifcate of	of Status Desired		T	5 Ad e Req	iditional uired
City & State	e			State	·······································	-		6. Election Ca	mpaign Financing		\$5.	00 M	fay Be
23			28					Trust Fund	Contribution			ied to	
Zip	Cou	ntry	Zip		Cou	intry		8. This corpor	ation owes the cur	rent year Int		_	_
24	25		29		30				roperty Tax.		Yes		□No
	9. Name and Ad	dress of Current	Registered Ag	jent				10. Name and	Address of New	Registered	Agent		
						81	Name						
	AREZ, HORACIO L					82	Street Add	iress (P.O. Box Nur	nber is Not Accep	table)	,		
	COLLINS AVE. #					\Box		,					
MIAN	MI BEACH FL 3314	10				83	,						
				, ,		84	City				85	Zip Co	ode
						54	City			FL	. "		•
agom. ra	itt raittillat triain and a	iccept the obligati	ions of, Section	607.0505, Fl	orida Stati	utes.	he corporat						
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SIGNATURE			and title if applicable	(NOT	E: Registered	d Agent		red when reinstating)	/CHANGES TO O	DATE	ID DIRE		RS IN 12
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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 from an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OF PRINTED HAMBER OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)___