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May 08 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 # V66938

(4)

1. Corporation Name  
UNIGLOBE MAIN EVENTS INC.



Principal Place of Business  
5280 CARROLL CANYON RD  
STE - 210  
SAN DIEGO CA 92121  
US

Mailing Address  
1199 WEST PENDER ST  
STE - 800  
VANCOUVER BC V6E2R  
CA

3. Date Incorporated or Qualified  
09/23/1992

3a. Date of Last Report  
02/15/1996

4. FEI Number  
59-3145309

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21

2a. Mailing Address  
26

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23

City & State  
28

Zip  
24

Country  
25

Zip  
29

Country  
30

9. Name and Address of Current Registered Agent

BEYER, DAVID A  
% RUDNICK & WOLFE  
101 E KENNEDY BLVD SUITE 2000  
TAMPA FL 33602-5133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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. 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	COBO	1.1 TITLE	
NAME	CHARLWOOD, U. G	1.2 NAME	
STREET ADDRESS	900-1199 W. PENDER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER, BC	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	ANDERSON, THOMAS	2.2 NAME	
STREET ADDRESS	5280 CARROLL CANYON RD., #210	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	BARTRAM, TRACY	3.2 NAME	
STREET ADDRESS	5280 CARROLL CANYON RD., #210	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 if changed, or on an attachment with an address.

SIGNATURE

~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARTRAM APRIL 21, 1997

Date

Daytime Phone #

0630028

CR2E034 (9/96)