

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # V69255 (0)**  
 1. Corporation Name  
**UNIT TWO CORP.**



Principal Place of Business <b>1401 BRICKELL AVE. #320 MIAMI FL 33131</b>	Mailing Address <b>6767 COLLINS AVE #1805 MIAMI BEACH FL 33141</b>
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2. Principal Place of Business 21 <b>1601 E TREASURE DR</b> Suite, Apt. #, etc. 22 <b>1023</b> City & State 23 <b>N BAY VILLAGE FL</b> Zip 24 <b>33141</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>1601 E TREASURE DR</b> Suite, Apt. #, etc. 27 <b>1023</b> City & State 28 <b>N BAY VILLAGE FL</b> Zip 29 <b>33141</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>10/07/1992</b>	3a. Date of Last Report <b>04/27/1995</b>
		4. FEI Number <b>65-0506213</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ALBORNOZ, WILLIAM 901 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent 81 <b>JACQUELINE S. SOARES</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1601 E TREASURE DR # 1023</b> 83 <b>N BAY VILLAGE FL 33141</b> 84 <b>N. BAY VILLAGE FL</b> 85 Zip Code <b>33141</b>	
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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 *Jacqueline S. Soares* **06/25/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PVTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>AMASTHA, CARLOS ENRIQUE FRANCO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AMASTHA, CARLOS ENRIQUE FRANCO</b>		1.2 NAME	
STREET ADDRESS <b>6767 COLLINS AVE #1805</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI BEACH FL 33141</b>		1.4 CITY - ST - ZIP	
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	

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**-07/19/96--01072--004**  
**\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlos Enrique Franco Amastha*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CARLOS ENRIQUE FRANCO AMASTHA**

CR2E034 (3/96)

7/19/96