

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000083703 (6)**  
 1. Corporation Name  
**U.C.A. INTERNATIONAL, CORP.**

Principal Place of Business <b>2530 N.W. 72ND AVENUE #207 MIAMI FL 33122</b>	Mailing Address <b>2530 N.W. 72ND AVENUE #207 MIAMI FL 33122</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/16/1984</b>	3a. Date of Last Report
4. FEI Number <b>65-0534072</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GUIMARAES, ANTONIO  
 1216 N.W. 126TH TERRACE  
 SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUIMARAES, ANTONIO</b>	1.2 NAME	
STREET ADDRESS	<b>1216 N.W. 126TH TERRACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL 33323</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUGGERI, URANO</b>	2.2 NAME	
STREET ADDRESS	<b>REPUBLICA DO LIBANO 30</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CURITIBA P.R. BRASIL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAJUEIRO, ARMANDO DE F</b>	3.2 NAME	
STREET ADDRESS	<b>RUA DESEMBARGADOR PEDRO SILVA 2330</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FLORIANOPOLIS S.C. BRASIL</b>	3.4 CITY - ST - ZIP	
TITLE		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		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		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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.