

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

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # J42308 (3)**

1. Corporation Name  
**UNITED INTERNATIONAL REALTY, INC.**

Principal Place of Business      Mailing Address

**12421 N. FLORIDA AVE. SUITE C-220  
TAMPA FL 33612**      **12421 N. FLORIDA AVE. SUITE C-220  
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/17/1986**      3a. Date of Last Report: **04/14/1994**

4. FEI Number: **59-2762827**      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      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      Country      29. Country

9. Name and Address of Current Registered Agent

**HAY, KEN  
12421 N FLORIDA AVE  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when existing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>
NAME	<b>HAY, KENNETH W.</b>
STREET ADDRESS	<b>12421 N. FL. AVE. C-220</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>COOPER, MONIZA</b>
STREET ADDRESS	<b>12421 NO FLORIDA AVE, STE C-220</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 liquidator 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: *Moniza Cooper*      Date: 4/17/95      935-8361

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR      Date      Telephone Number