

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 15 1998 8:00am
Secretary of State

DOCUMENT # J65167 (5)
1. Corporation Name
UNITED CAPITAL HOLDINGS CORPORATION



DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------|---|---------------------|
| Principal Place of Business % EDUARDO POMA 2121 S.W. 3RD AVE., SUITE 800 MIAMI FL 33129 | | Mailing Address 2121 SW 3RD AVE SUITE 800 MIAMI FL 33129 US | |
| 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 |
| 24 | Country | 29 | Country |
| 9. Name and Address of Current Registered Agent POMA, EDUARDO 2121 S.W. 3RD AVE. SUITE 800 MIAMI FL 33129 | | 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 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | | | |
| STREET ADDRESS | POMA, EDUARDO | | | | |
| CITY-ST-ZIP | 2121 SW 3RD AVE, 8TH FLOOR | | | | |
| | MIAMI FL | | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | | | |
| STREET ADDRESS | PITA, RODOLFO E. | | | | |
| CITY-ST-ZIP | 2121 SW 3RD AVE., 8TH FLOOR | | | | |
| | MIAMI FL | | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | | | |
| STREET ADDRESS | POMA, ERNESTO | | | | |
| CITY-ST-ZIP | 2121 SW 3RD AVE., 8TH FLOOR | | | | |
| | MIAMI FL | | | | |
| TITLE | NAME | <input checked="" type="checkbox"/> DELETE | | | |
| STREET ADDRESS | MIYARES, RAUL J | | | | |
| CITY-ST-ZIP | 2121 SW 3RD AVE., 8TH FLOOR | | | | |
| | MIAMI FL | | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | NAME | <input type="checkbox"/> DELETE | | | |
| 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 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:

RODOLFO E PITA 6/30/98 305-285-2211

CR2E034 (5/98)