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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
97 JAN 27 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14588 (2)

1. Corporation Name
UNISTATES COMMERCIAL OF FLORIDA, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
2800 NW 21ST AVE OAKLAND PARK FL 33311 US	2800 NW 21ST AVE OAKLAND PARK FL 33311 US

3. Date Incorporated or Qualified: 09/06/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 8511 NW 46 CT
Suite, Apt. #, etc.
22: LAUDERHILL, FL.
City & State
23: 33351
Zip: 24
Country: 25: USA

2a. Mailing Address
26: 8601 NW 34 PL.
Suite, Apt. #, etc.
27: #102 A
City & State
28: SUNRISE, FL.
Zip: 29: 33351
Country: 30: USA

4. FEI Number: 65-0147992 ☐ 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

9. Name and Address of Current Registered Agent

SALAMA, ~~YOHNNA~~ YOHANNA
2800 NW 21ST AVE
OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent

81 Name: SALAMA, YOHANNA G
82 Street Address (P.O. Box Number is Not Acceptable): 8601 NW 34 PL #102 A
83: SUNRISE
84 City: SUNRISE FL 85 Zip Code: 33351

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: SALAMA, YOHANNA G. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 1.10.97 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALAMA, NASSER Y. 8511 N.W. 46TH COURT LAUDERHILL FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SALAMA, YOHANNA G 8601 NW 34 PL #102A SUNRISE, FL 33351 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SALAMA, MARIAM 8511 N.W. 46TH COURT LAUDERHILL FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	STD YOHANNA SALAMA 8601 NW 34 PL #102A SUNRISE, FL. 33351 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ~~+PRESIDENT~~ SALAMA, YOHANNA ~~8511 N.W. 46TH COURT~~ ~~LAUDERHILL FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD NAZLY SALAMA 8601 NW 34 PL #102A SUNRISE, FL 33351 ☒ Change ☐ Addition
TITLE / NAME / ~~ODRESS~~ / ~~ZIP~~	VD SALAMA, NAZLY ~~2800 NW 21ST AVE~~ ~~OAKLAND PARK FL~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002073791---1 -01/30/97--01060--013
NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	****383.75 ☐ ~~****883.75~~ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 1-28-97

CR2E034 (3/96)

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.

(954)

SIGNATURE: YOHANNA G. SALAMA (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 12.19.96 (Date) 923 4999 (Daytime Phone #)

0084678 CP