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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # L 14588

1. Corporation Name
UNISTATES COMMERCIAL OF FLORIDA INC.

Principal Place of Business / Mailing Address
8601 NW 34 PL. #102A
SUNRISE, FL. 33351

3. Date Incorporated or Qualified: 9.6.89
3a. Date of Last Report: 1-28.97

2. Principal Place of Business
21: 8601 NW 34 PL
Suite, Apt. #, etc. 22: #102 A
City & State 23: SUNRISE, FL
Zip 24: 33351 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27: SAME
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-014-7992 ☐ 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, YOHANNA G
8601 NW 34 PL. #102A
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD + SEC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SALAMA, YOHANNA G	1.2 NAME	
STREET ADDRESS	8601 NW 34 PL #102 A	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33351	1.4 CITY-ST-ZIP	
TITLE	V. PTD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SALAMA, NAZLY	2.2 NAME	
STREET ADDRESS	8601 NW 34 PL. #102 A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33351	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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: Salama (YOHANNA SALAMA) 4.30.97 (954) 923 4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(954) 572 6665