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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000079620 (7)

UNITED DOLLAR INC.



Principal Place o	Mailing Address	ng Address			T TO BUILD HE TO THE POLICE BOTH AND	III uu alk vu kk r		HILD PERIN FOR THE	
5208 N.W. 165 STREET MIAMI FL 33014		5208 N.W. 165 STREET MIAMI FL 33014							
6:2:48						3. Date Incorporated or Qualified 10/16/1995	3a. Date	of Last Re	eport
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	997	J	Applied For
Suite, Apt. #,	elc	Suits Asst the ste	Suite, Apt #, etc.			65-0644	-/1/		Not Applicable
22		27 Suite, Apt #, etc.	n			5. Certificate of Status Desired	п′		Additional
City & State		·	City & State			Fee Required			
23		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip			Cour	ntry		8. This corporation has liability for in	itanoible tax		
24	25	29	30			Florida Statutes	No	thiodi B	100.002
9, Name and Address of Current		Registered Agent	· · · · · · · · · · · · · · · · · ·			10. Name and Address of New Registered Agent			
				81	Name				
1	NI, FIRDOUS		82 Street Ad		Street Address	ss (P.O. Box Number is Not Acceptable	ei		
	W. 165 STREET						· · ·		
MAMI F	L 33014			83					
•			ŀ	84	Crty			85 Zip	Code
44 5					•		FL	1 1 1	
or registered				ze na orog	amed corporati	ion submits this statement for the purp of directors. Thereby accept the appo	ose of char	ging its re	egistered office
familiar wit	and accept the obligations of Soction	on 607.0505, Florida Statutes	3.	J- p	1114	ā.			
SIGNATURE	FILL	- FIRU	OUS		CHAb	SANT	1-2	·O -	-46
12.		DIRECTORS (NC	To Rughtfered A	Age of	signature required w		DATE		' '
TITLE	n / Inchiant	DELETE	13. 1 1 [i]			ADDITIONS/CHANGES TO OFFIC			
NAME	CHAGANI, FIRDOUS	E. J Octobe	1.2 NAI				LJ	Change	ncitibbA [
STREET ADDRESS	EDOO NIM 405 CTDEET		1		*DDDECC				
CITY-S1-ZIP	MARK EL COOLA				ADDRESS				
TITLE	D	DELETE	2 1 TI		- Zir'			Change	FT Addition
NAME	CUADANIA MAURIOOD D		2 2 NA					Citalige	Addition
STREET ADOPESS	5208 N.W. 165 STREET		2 3 STREE		ruudtee				
CITY-ST-ZIP	MIAMI FL 33014		2 4 CITY -						
TITLE	D	DELETE 31			- 211			Change	Add tion
NAME	STALLAND DAFIN A		3.2 NAM	ΛE	į.			onange.	
STREET ADDRESS	EGGO NIM 405 OTDECT		3 3 STI	REET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33014		3.4 CIT	r-S1-	- ZIP				
TITLE			4 1 111				П	Change	Addition
NAME	42		4 2 NAM	ΔE	ŀ	10000170	_ חולם ניבונים		_
STREET ADDRESS	RESS 43		4 3 STR	4.3 STREET ADDRESS		10000179 -04/29/96010	2404	Š.T	
CITY-S1-ZIP			4.4.010	r-ST-	- ZIP	***200.00	ביז טיי	U	
TITLE		DELETE 5		į.F				Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		DORESS				
CITY-ST-ZIP			5.4 CITY	/-ST-	- ZIP				
TITLE	DELETE		6 1 TITLE					Change	Addition
NAME			6.2 NAME					Æ)
STREET ADDRESS			6 3 SIREET AL		DDRESS			.	
CITY-ST-ZIP			64 CITY-ST-ZIP					4.	-27-96
14. Loo hereby o	entity that the information supplied wi	th this filme is volentarily furni	ished and d	DE-S	not qualify for t	the exemption stated in Section 119.0	TOWN Floris	la Ceatair	

certify that the information indirected of this angular 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 conforation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath; that I am an officer or director of the conforation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(301)691-64