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95 MAR -1 PM 4: 15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ANNUAL REPORT
1995



STATE OF FLORIDA
CORPORATION DIVISION

DOCUMENT # 486314 (8)

UNITED CORPORATE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
801 N.E. 167TH ST. SUITE 300 NORTH MIAMI BEACH FL 33162	801 N.E. 167TH ST. SUITE 300 NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified 10/07/1975	3a. Date of Last Report 04/22/1994
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent

**FINE, GERALD E., ESO
801 N.E. 167TH ST., SUITE 300
NORTH MIAMI BEACH FL 33162**

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 officer 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, RAY A.	1.2 NAME	
STREET ADDRESS	10 BANK ST, STE 560	1.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHETTI, MARIA R.	2.2 NAME	
STREET ADDRESS	10 BANK ST, STE 560	2.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, RAY A	3.2 NAME	
STREET ADDRESS	10 BANK ST, STE 560	3.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHETTI, MARIA R.	4.2 NAME	
STREET ADDRESS	10 BANK ST, STE 560	4.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE PLAINS NY	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, GERALD (ASST)	5.2 NAME	
STREET ADDRESS	155 NW 187 ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information signed and filed is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If an officer or director of the corporation, the name of such officer or director is enclosed to identify the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 above. If I am not an officer or director, I shall attach with an address.

SIGNATURE:
RAY A. BARR

2/23/95 914-949-9188