FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **546219** **(7)**

1. Corporation Name

UNITED EXTERMINATING COMPANY

Principal Place of Business: 6925 NW 42ND STREET, MIAMI FL 33166

Mailing Address: 6925 NW 42ND STREET, MIAMI FL 33166

2. Principal Place of Business
21 6039 COLLINS AVE
Suite, Apt. #, etc. 22 UNIT # 827
City & State 23 MIAMI BEACH FLA.
Zip 24 33140 Country 25 U.S.A.

2a. Mailing Address
26 6039 COLLINS AVE
Suite, Apt. #, etc. 27 UNIT # 827
City & State 28 MIAMI BEACH FL.
Zip 29 33140 Country 30 U.S.A.

3. Date Incorporated or Qualified: 08/01/1977
3a. Date of Last Report: 05/10/1995
4. FEI Number: 59-1761635 [ ] 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

DE LA TORRE, JARLE
6925 N.W. 42ND STREET
MIAMI, FL
33166

10. Name and Address of New Registered Agent
81 Name: JARLE DE LA TORRE
82 Street Address (P.O. Box Number is Not Acceptable): 6039 COLLINS AVE UNIT # 827
83
84 City: MIAMI BEACH FL 85 Zip Code: 33140

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 [signature] JARLE DE LA TORRE 4/2/96
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	DE LA TORRE, JARLE	
STREET ADDRESS	6925 N.W. 42ND STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD.	[X] Change [ ] Addition
1.2 NAME	JARLE DE LA TORRE	
1.3 STREET ADDRESS	6039 COLLINS AVE UNIT # 827	
1.4 CITY-ST-ZIP	MIAMI BEACH FL. 33140	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(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: [signature] 4/2/96 305-861-3981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #