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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 08 1998 8:00 am
Secretary of State

DOCUMENT # G34414 (4)
1. Corporation Name
UCO-DEX CORPORATION

Principal Place of Business Mailing Address
P.O. BOX 430964 P.O. BOX 430964
SOUTH MIAMI FL 33243 SOUTH MIAMI FL 33243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/31/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2280591	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FREEMAN, PAUL H. 9100 S. DADELAND BLVD., SUITE 1406 MIAMI FL 33156				81 Name PAUL H. FREEMAN			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1840 W. 49 Street			
				83 Suite 700			
				84 City Hialeah			
				85 Zip Code FL 33012			

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSYD	1.1 TITLE	
NAME	UGENT, AVERY	1.2 NAME	
STREET ADDRESS	P.O. BOX 430964 (NA)	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33243	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 as an attachment with an address.

SIGNATURE: *Avery A. Ugent* 04-20-98 (305) 665-3868
AVERY A. UGENT, PRESIDENT
Date Daytime Phone # 0287365