## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14588

(2)

1. Corporation		-						
UNISTA	ATES COMMERCIAL OF FL	LORIDA, INC.						
<del></del>			·					
Principal Place	e of Business	Mailing Address		<u> </u>	1 1551(5); 24: 1:4: 5:55: 2:55:	16: 18:11 27211	III <b>a</b> igii etem ete	() G:=::   Dor
8601 NW 34 F	PL	8601 NW 34 PL						
#102 A	00004	#102 A			DO NOT W	DITE IN THE	S SOACE	
SUNAISE FL 33351 US		SUNRISE FL 33351 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
00		•			09/06/1989	ieu		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26		·	65-0147992			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 (3)		Additional
City & State		27   City & State		- Firm Official Francis	<del></del>		equired	
City & State		28		<ol> <li>Election Campaign Financia</li> <li>Trust Fund Contribution</li> </ol>	ng 🖂		May Be to Fees	
Zip	Country	Zip	Count	trv	This corporation owes or ha			
24	25	29	30	-,	Personal Property Tax due	•		∐ No
	9. Name and Address of Curre				10. Name and Address of Ne		d Agent	
SALAMA, YOHANNA G			8	1 Name				
	)1 NW 34 PL #102A		8	2 Street Ad	ddress (P.O. Box Number is Not Acci	eptable)		
SUN	NRISE FL 33351		L	<u> </u>				
			8	3				ļ
			8	4 City		F	85 Zip	Code
44 Parsuant l	the provisions of Sections 607.05	ing and 607 1508 Florida Str	atutes the abo	va-named o	organism submits this statement for	he nurnose	of changing i	te registered i
11. Pursuant le office or re	to the provisions of Sections 607.05 agistered agent, or both, in the Stat	502 and 607.1508, Florida State of Florida, Such change w	atutes, the abo	l ve-named coby the corpo	orporation submits this statement for tration's board of directors. I hereby a	the purpose ccept the ap	of changing i pointment as	ts registered registered
	to the provisions of Sections 607.05 agistered agent, or both, in the Stal m familiar with, and accept the obli	502 and 607.1508, Florida Stite of Florida. Such change wigations of, Section 607.0505	atutes, the aboras authorized to Florida Statut	ve-named coby the corpo es.	orporation submits this statement for ration's board of directors. I hereby a	the purpose ccept the ap	of changing i pointment as	ts registered registered
SIGNATURE	to the provisions of Sections 607.05 agistered agent, or both, in the Stat in familiar with, and accept the obli-				orporation submits this statement for ration's board of directors. I hereby a quired when reinstating)	the purpose ocept the ap	of changing i opointment as	ts registered registered
SIGNATURE	Signature, hyped or printed name of registered a OFFICERS AI					DATE		
SIGNATURE	Signature, hyped or printed name of registered a OFFICERS AI PDS	agent and title if applicable.	(NOTE, Registered A	gent signature re	quired when reinstating)	DATE		
SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS AI PDS SALAMA, YOHANNA G	agent and little if applicable. (	(NOTE, Registered A	gent signature re	quired when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE	Signature, hyped or printed name of registered a OFFICERS AI PDS SALAMA, YOHANNA G 8601 NW 34 PL #102A	agent and little if applicable. (	(NOTE. Registered A 13. 1.1 TITLE 1.2 NAME	gent signature re	quired when reinstating)	DATE	ND DIRECTOR	RS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered a OFFICERS AI PDS SALAMA, YOHANNA G 8601 NW 34 PL #102A SUNRISE FL 33351	egent and little if applicable.  ND DIRECTORS  DELETE	(NOTE. Registered A 13. 1.1 TITLE 1.2 NAM! 1.3 STRE 1.4 CITY	egent signature re E E ET ADDRESS -ST-ZIP	quired when reinstating)	DATE	ND DIRECTO	RS IN 12
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14. Thereby 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:

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1.16.98

**FILED** 

Jan 28 1998 8:00am

Secretary of State