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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L14588

1. Corporation Name

UNIS	TATES COMMERCIAL OF FL	ORIDA, INC.			
					i din didin didin id
	Place of Business	Mailing Address			
8601 NW 34	\$ PL	8601 NW 34 PL		aren aren aren aren aren aren aren aren	.a.r &(81) 819(1 18)
#102 A Sunrise Fl	22251	#102 A			
US	2 30001	SUNRISE FL 33351		DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualifed	
2. Principa	Place of Business			09/06/1989	•
21	The state of Dustriess	2a. Mailing Address		4. FEI Number	A
	pt. #, etc.	26		65-0147992	Applied For
22		Suite, Apt. #, etc.		£0.70	Not Applicabl Additional
City & S	tate	City & State			Required
23		 _		6. Election Campaign Financing #5.0	
Zip	Country	Zip		Truck Fried County in	May Be d to Fees
24	25	<u> </u>	Country	8. This corporation owes the current year Intangible	0.101.662
	9. Name and Address of Curre	nt Registered Asset	30	Personal Property Tax. 1 Yes	□No
		it itegistered Agent		10. Name and Address of New Registered Agent	
SA	Lama, Yohanna G		81 Name	6	
860	01 NW 34 PL #102A		82 Stree	et Address (P.O. Box Number is Not Acceptable)	
SU	NRISE FL 33351				
			83		
			84 City		
11 Pursuan	t to the provisions of Co. V.			85 Zip	Code
office or	registered agent, or both, in the State	2 and 607.1508, Florida Statute	es, the above-named	d corporation submits this statement for the nurpose of charging it	
agent. I	am familiar with, and accept the obliga	tions of, Section 607.0505, Flor	uthorized by the corp rida Statutes.	d corporation submits this statement for the purpose of changing it poration's board of directors. I hereby accept the appointment as references to the control of the cont	s registered egistered
SIGNATURE					•
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	
TITLE	PDS OFFICERS AN	DURECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
NAME	SALAMA, YOHANNA G	☐ DELETE	1.1 TITLE	Change	
STREET ADDRESS			1.2 NAME	SALAMA MARCE V	Addition
	SUNRISE FL 33351		1.3 STREET ADDRESS	8601 NW 34 PL # 102A	
CITY-ST-ZIP TITLE	VPTD		1.4 CITY-ST-ZIP	P 1.4 A + A	
NAME		DELETE	2.1 TITLE	VPTX	
	YOHANNA, NAZLY		2.2 NAME	SALAMA NATLY	☐ Addition
STREET ADDRESS	8601 NW 34 PL #102A		2.3 STREET ADDRESS	8601 NW 34 PL#102A	
CITY-ST-ZIP	SUNRISE FL 33351		2. 4 CITY-ST-ZIP	5/NO 105 101	
TITLE		☐ DELETE	3.1 TITLE	54NRISE, FL 33351	
NAME			3.2 NAME	☐ Change	☐ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ļ
TLE		☐ DELETE	4.1 TITLE		
AME			4.2 NAME	☐ Change	Addition
TREET ADDRESS			1		
ITY-ST-ZIP			4.3 STREET ADDRESS	•	1
TLE		☐ DELETE	4.4 CITY-ST-ZIP	<u> </u>	ſ
AME			5.1 TITLE 5.2 NAME	Change	Addition
REET ADDRESS		<u> </u>	li i		1
TY-ST-ZIP			5.3 STREET ADDRESS	•	ļ
TLE .		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		į
ME		r) nercie		☐ Change	Addition
REET ADDRESS		ļ	6.2 NAME	,	
			6.3 STREET ADDRESS		

4. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 923 4999