

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L42509** (4)

1. Corporation Name
UNITED INVESTMENT GROUP, INC.

Principal Place of Business:
**2121 PONCE DE LEON BLVD., #420
CORAL GABLES FL 33134**

Mailing Address:
**2121 PONCE DE LEON BLVD., #420
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/16/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business:
21
State, Apt. #, etc.

2a. Mailing Address:
26
State, Apt. #, etc.

4. FEI Number: **65-0185297**
Applied For: Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23
City & State

28
City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24
City & State

29
City & State

9. This corporation has liability for intangible tax under S. 199.022, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**DE LA HOZ JOSE
2121 PONCE DE LEON BLVD.
SUITE 420
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(3) and 607.1506, 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 responsibility for compliance with Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFF	PST
NAME	HOZ, JOSE M. DE LA
STREET ADDRESS	2121 PONCE DE LEON BLVD.
CITY & STATE	CORAL GABLES FL
OFF	D
NAME	HOZ, JOSE M. DE LA
STREET ADDRESS	2121 PONCE DE LEON BLVD.
CITY & STATE	CORAL GABLES FL
OFF	VD
NAME	HOZ, JOSE M. DE LA
STREET ADDRESS	2121 PONCE DE LEON BLVD.
CITY & STATE	CORAL GABLES FL
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	
16 CITY & STATE	
17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 STREET ADDRESS	
19 CITY & STATE	
20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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22 CITY & STATE	
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 STREET ADDRESS	
25 CITY & STATE	
26 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 STREET ADDRESS	
28 CITY & STATE	
29 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 STREET ADDRESS	
31 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.01(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 trustee empowered to cause this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jose M. DE LA HOZ

4/26/95 (305)447-1666