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

FILED Jan 23 1998 8:00am Secretary of State

UNITED STATES ENTERPRISES, INC.											
OMITEC	OINILO	LIT	PLITE MOLO	1140.							I ABDIABIL DOF HOUR BORRE WATER HOUR HOUR BOOK BLOCK BLOCK BLOCK BOOK BOOK HOUR
Principal Place of Business					Mailing Address						
'					·						·
695 BUTTONWOOD LANE MIAMI FL 33137					695 BUTTONWOOD LANE MIAMI FL 33137						
											DO NOT WRITE IN THIS SPACE
											3. Date Incorporated or Qualified
2. Principal Place of Business					2a. Mailing Address						05/13/1985
21					26						4. FEI Number Applied For
Suite, Apt. #, etc.					Suite, Apt. #, etc.						59-1915656 Not Applicable \$8.75 Additional
22					27						5. Certificate of Status Desired Fee Required
City & State					City & State						6. Election Campaign Financing \$5.00 May Be
23					28						Trust Fund Contribution
Zip	Country			_					Country		8. This corporation owes or has paid the current year Intangible
24	25				29 30						Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent							.	81	1	Name	10. Name and Address of New Registered Agent
FREUND, DONALD BRUCE										INGILIO	
695 BUTTONWOOD LANE MIAMI FL 33137								62	1	Street Add	Idress (P.O. Box Number is Not Acceptable)
								83	+		The state of the s
									L		
								84 City			FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes								s, the abov	L. 'e-i	named cor	
 Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607 0505, Florida. 									yt s.	the corpora	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE											
	Signature, typed	or print	ed name of registered as			· · · · · · · · · · · · · · · · · · ·	(NOTE:		ent	signature requ	uired when reinstating) DATE
12. TITLE	P		OFFICERS AF	ND DIF	DELETE DELETE			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		M	MALD POHOE		□ DECETE			1.1 TITLE			L Change Addition
STREET ADDRESS	FREUND, DONALD BRUCE 695 BUTTONWOOD LANE								1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL							1	1.4 City-St-Zip		
TITLE	NAME OF STREET					DELF	TE	2.1 TITLE	31-	211	☐ Change ☐ Addition
NAME					2			2.2 NAME	2.2 NAME		
STREET ADDRESS	DRESS				2.3 S1			2.3 STREET	ī AE	DDRESS	
CITY-ST-ZIP	ZIP								2.4 CITY-ST-ZIP		<i>'</i>
TITLE					DELETE			3.1 TITLE			☐ Change ☐ Addition
NAME					3.2			3.2 NAME			
STREET ADDRESS								3.3 STREE	AC	DDRESS	
CITY-ST-ZIP						3.4. DELETE 4.11			ST-	- ZIP	
TITLE						LJ UELE	i E	4.1 TITLE			L Change Addition
NAME expert appears						4.2 h					
STREET ADDRESS										DDRESS	
CITY-ST-ZIP TITLE						DELETE 5.1 TH) I - I	Z1P'	Change Addition
NAME							5.2 NA				Change Addition
STREET ADDRESS								5.3 STREET	[AD	DORESS	
CITY-ST-ZIP								5.4 CITY - S		- 1	
TITLE	"					DELET	TE	6.1 TITLE			☐ Change ☐ Addition
NAME								6.2 NAME			
STREET ADDRESS									AD	DDRESS	
CITY-ST-ZIP					Λ-			6.4 CITY-S	1-1	ZIP	

I hereby certify that the information supplied with this filling 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 congoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in