FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M24646** **(5)**

1. Corporation Name
UNITED ACQUISITION, INC.

Principal Place of Business	Mailing Address
2929 SOUTHWEST 3RD AVE., SUITE ONE MIAMI FL 33129	2929 SOUTHWEST 3RD AVE., SUITE ONE MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1985
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 777 Arthur Godfrey Rd.
22 Suite, Apt. #, etc.: 2nd Floor
23 City & State: Miami Beach, FL.
24 Zip: 33140
25 Country: Dade

2a. Mailing Address
26: P.O. Box 40-2688
27 Suite, Apt. #, etc.:
28 City & State: Miami Beach, FL.
29 Zip: 33140
30 Country: Dade

4. FEI Number: 59-2813369 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HICKS, SUSAN E., ESQ.
2929 S.W. 3RD AVENUE, SUITE ONE
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: Hicks, Susan E. Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 777 Arthur Godfrey Rd.
83: 2nd Floor
84 City: Miami Beach FL 85 Zip Code: 33140

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: Susan E. Hicks 4/21/95
Signature and typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changes — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	PS ☒ Change ☐ Addition
NAME	HICKS, SUSN E.	12 NAME	Hicks, Susan E.
STREET ADDRESS	2929 S.W. 3RD AVE., #1	13 STREET ADDRESS	777 Arthur Godfrey Rd., 2nd Flor
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	VT	21 TITLE	VT ☒ Change ☐ Addition
NAME	BARREDO, PETER	22 NAME	Barredo, Peter
STREET ADDRESS	2929 S.W. 3RD AVE., #1	23 STREET ADDRESS	777 Arthur Godfrey Rd., 2nd Flor
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Susan E. Hicks 4/21/95 305 673-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0125667 CP