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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

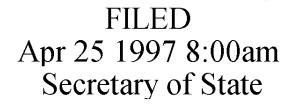
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M50874

(0)

UNITED M CORPORATION





Fillicipal Flaci	e or business	Malling Address						
4832 N.W. 8TH CT. PLANTATION FL 33317-1418		4832 N.W. 8TH CT. PLANTATION FL 33317-1416						
					3. Date Incorporated or Qualified 04/23/1987	3a. Date of Last Report 05/01/1996		
	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-2850511		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	ificate of Status Desired S8.75 Additional			
22		27					Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
23		[28]		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Country		8. This corporation has tiability for in	ntangible tax ∟] Yes □ No		199.032,
24	[25] 9. Name and Address of Current	29 Registered Agent	[30]		Florida Statutes 10. Name and Address of New Reg			
TAV	LOR, ROSA M.	They below Agent	81	Name	,	JISTOI DU ANGUI		
	LON, NOSA M. 2 N.W. 8TH CT.							. ,
	NTATION FL 33317		82	82 Street Address (P.O. Box Number is Not Acceptable)				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIAHON FL 33317		83	· · · · · · · · · · · · · · · · · · ·				
İ			84	City		FL B5	Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statu	ites, the abovi	e-named con	poration submits this statement for the n	urpose of char	L	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointm	ient as	registered
	m lamiliar with, and accept the obliga	tions of, Section 607.0505, h	londa Statute	S.				
SIGNATURE	Signalure, typod or printed name of registered ager	it and title if applicable (NC	Pt Registered Age	int signature regu	irod when re-estating)	DATE	 .	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	CTOR	S IN 12
TITLE	PO	☐ DELETE	1.1 TITLE				Change	Addition
NAME	MITCHELL TAYLOR, ROSA		1.2 NAME					
STREET ADDRESS	4832 NW 8TH CT.		1.3 STREET	ADDRESS				:
CITY-ST-ZIP	PLANTATION FL		1.4 CHY-S	T - 7IP				
TITLE	VSD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	MITCHELL, SHIRLEY		2.2 NAME					
STREET ADDRESS	4230 NEW 21ST ST UNIT 245		2.3 STREET	ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL		2. 4 CITY-	ST-ZIP				
TITLE	TD	DELETE	3.1 TITLE				Change	Addition
NAME	MITCHELL, JOSH		3.2 NAME	,				
STREET ADDRESS	646 NW 10TH TER		3.3 STREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-	ST-ZIP				
TITLE	D	DELETE	4.1 TITLE				Change	Addition
NAME	MITCHELL, WILLIE D.	<i>(</i> *	4. 2 NAME					
STREET ADDRESS	4832 N.W. 8TH CT.		4.3 STREE	ADDRESS				
CITY-ST-ZIP	PLANTATION FL		4.4 CITY - 5	1-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE			∐ (Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		7	5.4 CHY - 5	51 - ZIP			N	
TITLE		☐ DELETE	6.1 TITLE			□ (Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS	•			
CITY-ST-2IP		and the filter days	6.4 CHY-5		d in Section 119 07(3)(i) Florida Stalute		Z 61	the
ו אם ומח הפים			must terr than ave		a a sacion i imina 300 NAMA SIRIMO			

I do nereby 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 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 of an attachment with an address.