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Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N95000004653 (0)
1. Corporation Name

UNITED NATIONS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8719 SOUTH US#1 PORT ST. LUCIE FL 34952	PO BOX 8119 PORT ST. LUCIE FL 34985-8119

3. Date Incorporated or Qualified 09/27/1995	3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0619098	Applied For / Not Applicable
21 2698 SE. CARTHAGE. RD	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ✓	$8.75 Additional Fee Required
City & State 23 PORT St Lucie FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 34952	25 Country	Zip 29	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLS, DAVID 8719 SOUTH US #1 PORT ST. LUCIE FL 34952	81 Name MILLS, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 2698 SE CARTHAGE ROAD 83 84 City PORT St Lucie FL 85 Zip Code 34952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	MILLS, DAVID		1.2 NAME		
STREET ADDRESS	2802 SE PINE VALLEY ST.		1.3 STREET ADDRESS	2698 SE CARTHAGE ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		1.4 CITY-ST-ZIP	PORT St. Lucie FL 34952	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	ESPINAL, YDALIA		2.2 NAME		
STREET ADDRESS	2489 UNIVERSITY TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	MILLS, SONIA		3.2 NAME		
STREET ADDRESS	2802 SE PINE VALLEY ST.		3.3 STREET ADDRESS	2698 SE CARTHAGE ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		3.4 CITY-ST-ZIP	PORT St Lucie FL 34952	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	LAMONTE, VINET		4.2 NAME		
STREET ADDRESS	551 BARB ANN LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	ESCOBAR, ISAURO		5.2 NAME		
STREET ADDRESS	1162 PORT ST. LUCIE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)