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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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DOCU	IMENT # PS	920000°	12949 (	3)						
U.S. C	OONE WELL, INC.						à là Cilada sià là sa cara dans es	liji Bārir Barār ro	818 11818 181	i tibit ikn ian
Principal Plac	e of Business		Atiling Address							
1512 NE 2ND AVE FT. LAUDERDALE FL 33304 US			1512 NE 2ND AVE FT. LAUDERDALE FL 33304 US							
00		· ·	US .				3. Date Incorporated or Qualifier 12/18/1992	i	e of Last F	•
	2. Principal Place of Business		2a. Mailing Address			4. FEI Number		04/28/1995 Applied For		
21		26					65-0371515		F	Not Applicable
22			Suite, Apt. #. etc. 27				5. Certificate of Status Desired			75 Additional be Required
Only & Stat	·····	28	City & State				Election Campaign Financing     Trust Fund Contribution			O May Be of to Fees
Zip Country <b>25</b>		29	Zip Country 30				8. This corporation has liability for intangible tax under s 199.032 Flooda Statutes ☐ Yes ☑ No			
	<ol><li>Name and Address</li></ol>	of Current Regis	stered Agent		- 1		10. Name and Address of New	Registered	Agent	
OL A DAZE	. 202524				81	Name				
	, ROBERT-JOHN				82	Street Addi	ress (P.O. Box Number is Not Accept	able)		
AA4 ME	IDIN AYE.				Щ.					
401 NE					83					
	DERDALE FL 33301				83	<b></b>				
FT. LAU  11. Pursuant or register	to the provisions of Suctions and agent or both in the St.	s 607.0502 and 60	7.1508, Florida Statu	utes, the abo	84	City	ration submits this statement for the p	FL urpose of cha		p Code egistered office
11. Pursuant or register familiar wi SIGNATURE	to the provisions of Suctions red agent or both, in the Stith, and accept the obligation	ns of, Section 607)	0505, Floridia Statute	es by the c	84 ove na corpor	amed corpor ration's boa	ration submits this statement for the part of directors. Thereby accept the ap			egistered office Lagent, Lam
11. Pursuant or register familiar wi SIGNATURE 12.	to the provisions of Suctions and agent or both, in the St. th, and accept the obligation.  Signature (prediot perfect or experience of the CEF	ns of, Section 607.	0505, Florida Statute	93't Pagitheed	84 eve na corpor	amed corpor ration's boa	ra or areators. Thereby accept the ap	urpose of cha pointment as	anging its registered	egistered office Lagent, Lam
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14. High hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature snall have the same legal effect as if made under appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: LOS LA CONTRA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LARKE May 10/96 .