SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUN 28 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014474 (9)

1. Corporation Name
UNITED & ASSOCIATED, INC.

Mailing Address
~~4111 S.W. 47TH AVE.~~
~~SUITE 301-303~~
~~DAVIE FL 33314~~

Principal Place of Business
~~4111 S.W. 47TH AVE.~~
~~SUITE 301-303~~
~~DAVIE FL 33314~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address	21 888 E. LAS OLAS BLVD.
Suite, Apt. #, etc.	22 SUITE 510
City & State	23 FT. LAUDERDALE, FL
Zip	24 33301
Country	25 U.S.A.
2a. Principal Place of Business	26 888 E. LAS OLAS BLVD.
Suite, Apt. #, etc.	27 SUITE 510
City & State	28 FT. LAUDERDALE, FL
Zip	29 33301
Country	30 U.S.A.

3. Date Incorporated or Qualified: 02/22/1993
3a. Date of Last Report:
4. FEI Number: 65-0393296 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPAGNA MARIO
4111 S.W. 47TH AVE.
SUITE 301-303
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 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. CHANGES TO OFFICERS AND DIRECTORS (IF ANY)	
1.1 TITLE	D	1.1 TITLE	D/P/S
1.2 NAME	CAMPAGNA MARIO	1.2 NAME	
1.3 STREET ADDRESS	4111 S.W. 47TH AVE., SUITE 301-303	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	
2.1 TITLE	D/T	2.1 TITLE	
2.2 NAME	GIOVANNI ARNABOLDI	2.2 NAME	
2.3 STREET ADDRESS	888 EAST LAS OLAS BLVD. STE. 510	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	~~FT. LAUDERDALE, FL 33301~~	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 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, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GIOVANNI ARNABOLDI, TREASURER JUNE 22, 94 (305)4631411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0080270