

2-17-97 B-1958 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000014474 (9)

1. Corporation Name  
UNITED & ASSOCIATED, INC.

Principal Place of Business  
888 E LAS OLAS BLVD  
STE 510  
FT LAUDERDALE FL 33301  
US

Mailing Address  
888 E LAS OLAS BLVD  
STE 510  
FT LAUDERDALE FL 33301-2239  
US



2. Principal Place of Business  
21 924 N.E. 20th Avenue  
Suite, Apt #, etc  
22  
City & State  
23 FT. LAUDERDALE  
Zip  
24 33304  
Country  
25 FL  
2a. Mailing Address  
26 924 N.E. 20th Avenue  
Suite, Apt #, etc.  
27  
City & State  
28 FT. LAUDERDALE  
Zip  
29 33304  
Country  
30 FL

3. Date Incorporated or Qualified  
02/22/1993  
3a. Date of Last Report  
01/22/1996  
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  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  
Yes No

9. Name and Address of Current Registered Agent

ARNABOLDI, ALESSANDRA P  
888 EAST LAS OLAS BLVD.  
SUITE 510  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name  
ARNABOLDI ALESSANDRA P  
82 Street Address (P.O. Box Number Is Not Acceptable)  
924 N.E 20th Avenue  
83  
84 City  
FT. LAUDERDALE  
85 Zip Code  
33301

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 authorized with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 10, 1997

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	ARNABOLDI, ALESSANDRA P	
STREET ADDRESS	888 E. LAS OLAS BLVD., SUITE 510	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ARNABOLDI, GIOVANNI	
STREET ADDRESS	888 E LAS OLAS BLVD STE 510	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARNABOLDI ALESSANDRA P	
1.3 STREET ADDRESS	924 N.E. 20th Avenue	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	DT	
2.2 NAME	ARNABOLDI GIOVANNI	
2.3 STREET ADDRESS	924 N.E 20th Avenue	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 10, 1997 463 1411

CR2E034 (9/96)