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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90050 025 ***150 00

l .	JMENT # P93000		-	02-17-1777 70030 023	130.00
UNITEE	D international group,	INC.			
Principal Pla	ace of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	- 1	
2999 NE 191	ST	2999 NE 191 ST			
906 Aventura Fl	1 23190	906			
US	L 33180	AVENTURA FL 33180 US		DO NOT WRITE IN T	HIS SPACE
		00		3. Date Incorporated or Qualifed	
2. Principal	Place of Business	2a. Mailing Address	·	07/28/1993 4. FEI Number	<u></u>
21		26		65-0426324	Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	Not Applicable \$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Zip	Country	8. This corporation owes the current year	
	9. Name and Address of Curre	29 29 1 29 1 29 1 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30	Personal Property Tax. 10. Name and Address of New Register	☐ Yes ☐ No
	-		81 Name	10. Name and Address of New Register	ea Agent
	NDA, AMY		00 0		
2999 N.E. 191 ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
#90			83		
AVE	NTURA FL 33180		84 City		<u> </u>
			' '	F	85 Zip Code
11. Pursuant	t to the provisions of Sections 607.050 registered agent of both, in the State	02 and 607.1508, Florida Statute.	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
Olffoc Ol 1					
agent, I a	arn familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.	on's board of directors. I hereby accept the app	pointment as registered
agent. I a	Nove Jan	MELL		poration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as registered
agent. I a	signature, typed or pripad name of egistered age	ant and title if applicable (NOTE: F	Registered Agent signature require	od when reinstating) DATE	-49
SIGNATURE	signature, typed or pripad name of egistered age	MELL	Registered Agent signature require	ا- ل	AND DIRECTORS IN 12
SIGNATURE	Signature, typed or pripied name (Legistered age OFFICERS AN	int and title if applicable (NOTE: IND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE	od when reinstating) DATE	-49
12.	OFFICERS AND LANDA, AMY	int and title if applicable (NOTE: IND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	od when reinstating) DATE	AND DIRECTORS IN 12
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6.4 CITY-ST-ZIP 14. I 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 or on an attachment with an address, with all other like empowered.

SIGNATURE (