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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

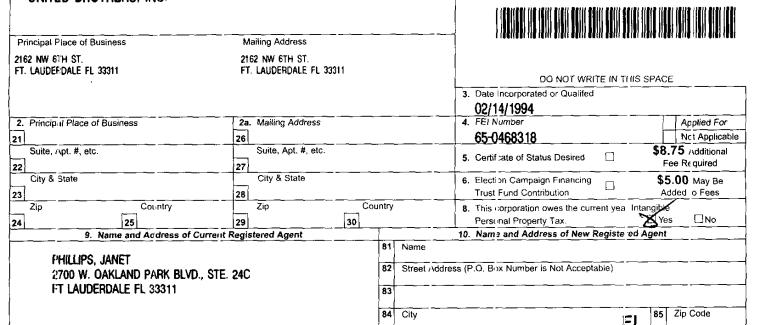
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012824

UNITED BROTHERS, INC.

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90022 014 ***150.00



11. Purs ant to the provisions of Sections 607.05.)2 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agert. I am familiar with, and accept the oblig ations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agant and title if applicable. (f	NOTE: Registered Agent signature	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.		OFFICERS AND DIRECT OF	RS IN 12
TITLE	P DELETE	1.1 TITLE		☐ Change	Addition
NAME	EL KHALIL, SALAHELDIN	1.2 NAME			
STREET ADDIRESS	6332 NW 26TH STREET	1.3 STREET ADDRESS			
CITY-ST-ZIF	SUNRISE FL 33313	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	21 TITLE		☐ Change	Addition
NAME	•	2.2 NAME			
STREET AD DRESS		2.3 STREET ADDRESS			
CITY-ST-ZI?		2.4 CITY-ST-ZIP			
TITLE	□ DELÉTI	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ACORESS		3.3 STREET ADDRESS			
CITY-ST-ZP		3.4. CITY-ST-ZIP			
TITLE	☐ DELĘTI	41 TITLE		Chang :	☐ Addition
NAME		4. 2 NAME			
STREET AL DRESS		4.3 STREET ADDRES()			
CITY-ST-ZP		4.4 CITY-ST-ZIP			
TITLE	DELET:	5.1 TITLE		Change	☐ Addition
NAME	,	52 NAME			
STREET ALIDRESS		5.3 STREET ADDRES 3			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Chançe	Addition
NAME		6.2 NAME			
STREET A JORESS		63 STREET ADDRESS			
CITY-ST-:1P		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclined 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 constraint or the negetiver 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 all achment with an address, with all other like empowered.

SIGNATURE:

+123kg

954-584-3746

R2E034 (11/98)