

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 OCT 20 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000053401 (3)  
1. Corporation Name

UNITED LENDERS ASSURANCE, INC.

Principal Place of Business

Mailing Address

3899 NW 7TH ST #202  
MIAMI FL 33126

3899 NW 7TH ST #202  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1994	3a. Date of Last Report 09/23/1996
4. FEI Number 65-0505397	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. 11890 SW 8 ST Suite, Apt. #, etc. 22. 303 City & State 23. Miami, FL Zip 24. 33184 Country 25. USA	2a. Mailing Address 26. 11890 SW 8 ST Suite, Apt. #, etc. 27. 303 City & State 28. Miami, FL Zip 29. 33184 Country 30. USA
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9. Name and Address of Current Registered Agent

HERNANDEZ, ROLANDO  
3899 NW 7TH ST #202  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81. Name Hernandez Rolando
82. Street Address (P.O. Box Number is Not Acceptable) 11890 SW 8 ST STE 303
83.
84. City MIAMI
85. Zip Code FL 33184

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Rolando Hernandez

10/17/97

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ROLANDO	
STREET ADDRESS	3899 NW 7TH ST #202	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	ARECES, A JORGE	
STREET ADDRESS	3899 NW 7TH ST #202	
CITY-ST-ZIP	MIAMI FL 33126	
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hernandez, Rolando	
1.3 STREET ADDRESS	11890 SW 8 ST STE 303	
1.4 CITY-ST-ZIP	MIAMI, FL 33184	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Areces, M. Jorge	
2.3 STREET ADDRESS	11890 SW 8 ST STE 303	
2.4 CITY-ST-ZIP	MIAMI, FL 33184	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maria E Quant	
3.3 STREET ADDRESS	11890 SW 8 ST STE 303	
3.4 CITY-ST-ZIP	MIAMI, FL 33184	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REINSTATEMENT

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\*\*\*758.75 \*\*\*758.75

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, or on an attachment with an address.

SIGNATURE: Rolando Hernandez

10/17/97 (305) 200-0873

CR2E034 (4/97)