FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000058269 (9)**

1. Corporation Name

UNITED PRODUCTS & SERVICES, INC.

Principal Place of Business
6925 N.W. 42ND STREET
MIAMI FL 33166

Mailing Address
6925 N.W. 42ND STREET
MIAMI FL 33166

2. Principal Place of Business
21 6039 COLLINS AVE
Suite, Apt. #, etc.
22 UNIT # 827
City & State
23 MIAMI BEACH FL.
Zip 24 33140 Country 25 U.S.A.

2a. Mailing Address
26 P.O. BOX 402525
Suite, Apt. #, etc.
27
City & State
28 MIAMI BEACH FLA.
Zip 29 33140 Country 30 U.S.A.

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0511305 [ ] 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**

CABRERA, RAUL D
4201 S.W. 11TH STREET
MIAMI FL 33134

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, 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 of Registered Agent or Title of Officer — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE LA TORRE, JARLE
STREET ADDRESS	6925 N.W. 42ND ST.
CITY-ST-ZIP	MIAMI FL 33166
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDONT
1.2 NAME	JARLE DE LA TORRE
1.3 STREET ADDRESS	6039 COLLINS AVE UNIT# 827
1.4 CITY-ST-ZIP	MIAMI BEACH FLA. 33140
[ ] Change [ ] Addition	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
[ ] Change [ ] Addition	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
[ ] Change [ ] Addition	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
[ ] Change [ ] Addition	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
[ ] Change [ ] Addition	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
[ ] Change [ ] Addition	

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(3)(k), 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: Jarle De La Torre PRESIDONT 4/2/96 305-861-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)