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FILE NOW: FILING FEE AFTER MAY 1 IS $[redacted]00 /165.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 26 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059431

1. Corporation Name: Union Trust Realty Inc
20401 NW 2ND AVE # 207A
Miami FL. 33169

Principal Place of Business: 20401 NW 2nd # 207A
Miami FL. 33169.

Mailing Address:

3. Date Incorporated or Qualified: 8-8-94
3a. Date of Last Report: 5-1-96.

2. Principal Place of Business — 21: 20401 NW 2nd Ave #207A
2a. Mailing Address — 26: 20401 NW 2nd Ave # 207A
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: [redacted]
Zip — 24:
Country — 25:
Country — 29:
Country — 30:

4. FEI Number: 65-0416815 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: NO ☒ — $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:
Sheila Samuels
6133 NW 176 Ter
Miami
FL 33015

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PRESIDENT / DIRECTOR	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LINDA DANLEY		1.2 NAME	
STREET ADDRESS	20401 NW 2nd Avenue # 207A		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33169		1.4 CITY-ST-ZIP	
TITLE	TREASURER / DIRECTOR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HERMINE BECKFORD		2.2 NAME	
STREET ADDRESS	20401 NW 2nd Avenue # 207A		2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33169		2.4 CITY-ST-ZIP	
TITLE	SECRETARY / DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHEILA SAMUELS		3.2 NAME	
STREET ADDRESS	20401 NW 2nd Avenue # 207A		3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL. 33169		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: [signature] 4/29/97 - 305-652-7224