


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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90027 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000040565
 1. Corporation Name
UNITED COMMUNICATION AND PROTECTION, INC.

Principal Place of Business: 7005 N Waterway Drive #303 Miami, Florida 33155 US
 Mailing Address: 1900 S. W. 83rd Court Miami, Fl. 33155

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 05/23/1995

2. Principal Place of Business (21-23)
 2a. Mailing Address (26-28)
 Suite, Apt. #, etc. (22)
 City & State (23)
 Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0581369 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent
 Padron, Alain
 1900 S. W. 83rd Court
 Miami, Fl. 33155

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PSD <input checked="" type="checkbox"/> DELETE	NAME: Padron, Alain	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1900 S. W. 83rd Court	CITY-ST-ZIP: Miami, Fl. 33155	1.2 NAME:
TITLE: P/D <input type="checkbox"/> DELETE	NAME: Padron, Alain	1.3 STREET ADDRESS:
STREET ADDRESS: 1900 S.W. 83rd Court	CITY-ST-ZIP: Miami, Fl. 33155	1.4 CITY-ST-ZIP:
TITLE: T/D <input type="checkbox"/> DELETE	NAME: Padron, Reinaldo A.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1900 S. W. 83rd Court	CITY-ST-ZIP: Miami, Fl. 33155	2.2 NAME:
TITLE: S/D <input type="checkbox"/> DELETE	NAME: Padron, Fausto A.	2.3 STREET ADDRESS:
STREET ADDRESS: 1900 S. W. 83rd Court	CITY-ST-ZIP: Miami, Fl. 33155	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	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: Alain Padron ALAIN PADRON 4/10/99 (305) 261-2440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)