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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600002076 (3)

UNITED GAMING CORP.

FILED May 06 1998 8:00am Secretary of State

OMITED	GAMMA COM:						
Principal Place	e of Business	Mailing Address			{	AN 60 110 (3 03) 70 111 10	1015 GIII 1501
590 S.W. 49TH AVE. 590 S.W. 49TH AVE. MIAMI FL 33134							
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	77.00	· · · · · · · · · · · · · · · · · · ·
					01/08/1996		
	ace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21 9458		26 9458 N.	<u>W 1</u>	3 5t ·	65-0633635		lot Applicable
Sulte, Apt.	#, GC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	3	City & State			6. Election Campaign Financing		May Be
23 MIAC	ni Florida	28 Miami	FI	DCIDA	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour		8. This corporation owes or has paid the	ne current year tr	ntarigible
24 331		29 33172	30). <u>S.A.</u>	Personal Property Tax due June 30.		No .
	9. Name and Address of Curren	Registered Agent		81 Name,	10. Name and Address of New Regist	ered Agent	
	OSS, OSCAR			Name,			
) S.W. 49TH AVENUE IMI FL 33134		ļ	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
171117	um 7 E 33 134		Ì	83			
			- [04 65		7.5	
				84 City		FL 65 Zip	Code
office or re agent. I ar SIGNATURE	agistered agent, or both, in the State in familiar with, and accept the obligation.	of Horida, Such chan ge was a tions of, Section 607.0505, Flo	authorized orida Statu	by the corporation test	oration submits this statement for the purp on's board of directors. I hereby accept th	e appointment as	s registered
12.	Signature typod or printed name of registered ager OF LICERS AND		13.	Agent signature require	ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	PS IN 12
TITLE	DPST	DELETE	1.1 717	LE I	ABBATONIA OTTALEN	Change	
NAME	GROSS, OSCAR		1.2 NA	ME		-	
STREET ADDRESS	590 S.W. 49TH AVE.		1.3 \$16	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CiT	Y-ST-ZIP			
TITLE		☐ DELETE	2.1 TIT	LE		Change	Addition
NAME			2.2 NA	i .			J
STREET ADDRESS				REET ADDRESS			ļ
CITY-ST-ZIP TITLE		DELETE	2. 4 CT	IY-ST-ZIP		Change	Addition
NAME		LI Ditti	3.1 HI	ì		Change	
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				IY-ST-ZIP			
TITLE		☐ DELETE	4.1 7(7)			Change	Addition
NAME			4. 2 NA	.ME			
STREET ADDRESS			4.3 S16	ree1 address			Ì
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		L_) DELETE	5.1 [][LE		Change	Addition
NAME			5.2 NAI	l l			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		DELETE		Y-ST-ZIP		Change	Addition
TITLE		רו הנינונ	6.1 TITI			□ Change	L. Addition
NAME STORET ADDRESS			6.2 NA	J			į
STREET ADDRESS				NEET ADDRESS			
14. I hereby c	ertily that the information supplied wi	In this filing does not qualify to	or the exe	Y-ST-ZIP mption stated in S	Section 119.07(3)(i), Florida Statutes. I furti	ner certify that th	e information
Indicated of officer or of Block 12 of the Blo	on this annual report or supplemental director of the corporation or the reco or Block 13 if changed or on an attack	annual report is true and acc iver or trustee empowered to a thment with an address	eurate and execute th	that my signature his report as requi	Section 119.07(3)(i), Florida Statutes furtle e shall have the same legal effect as if ma ired by Chapler 607, Florida Statutes; and	de under oath; th that my name ap	nat I am an opears in