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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600008276 (3)

UNION ENTERPRISES, INC.

780 NORTHEAST 155TH ST.	780 NORTHEAST
Principal Place of Business	Mailing Address

FILED May 02 1997 8:00am Secretary of State



790 NORTHEAS MIAMI FL 3316	RTHEAST 155TH ST. 790 NORTHEAST 155TH ST. MIAMI FL 33162-5237		.			
				3. Date Incorporated or Qualified 01/23/1996	3a. Date of Last R	leport
2. Principal P	2. Principal Place of Business 2a. Mailing Address			4. FEI Number	A	oplied For
21 790 NE 155 St 26 Same as the above. Suite, Apt. #, etc. 22 27 City & State 23 MIAMI, Al. 28 Fl.,			rabove.	65-06402.66 Not Applicable		
				5. Certificate of Status Desired	1601	Additional equired
				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
24 3316	25 U.S.A	Zip / 29	Country 30		Yes No	. 199.032,
	9. Name and Address of Curr	ent Registered Agent	81 Names	10. Name and Address of New Re	gistered Agent	
790	RY, RENALD NORTHEAST 155TH ST. MI FL 33162		B2 Street Ad	ENAID (Leky dress (P.O. Box Number is Not Acceptate ONE ISS ST		Code 3/62
11. Pursuant office or ragent. La	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	ss, the above-named co juthorized by the corpor rida Statutes. Registered Agent signature reg	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing in the appointment as	is registered registered
12,	Styrintum, typed or printed native of registered a OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
Tatu P	PD	DELETE	1 1 TITLE		Change	Addition
NAME	CHERY, RENALD		1.2 NAME			
STREET ADDRESS	790 NORTHEAST 155TH ST.		1.3 STREET ADDRESS			
CHTY - 51 - 21F	MIAMI FL 33162		1.4 CITY - ST - ZIP			
TOLE	VD	☐ DELETE	2:1 TITLE		Change	Addition
NAME	CHERY, MARIE		2.2 NAME			
STREET ADORESS	790 NORTHEAST 155TH ST.		2.3 STREET ADDRESS			
CITY-ST ZIP TITLE	MIAMI FL 33182	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
NAME		<u></u> outle	3.2 NAME			710000011
STREET ADDRESS			33 STREET ADDRESS			
C-TY - S1 - ZiP			3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	15		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C(1Y+S)-Z(P			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME :			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - S1 - 71P		[] briess	5.4 CITY-ST-ZIP		T ne	A databa -
11111		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY - S1 - 7#2			64 CITY-ST-ZIP			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/22/97 (305) 948-6674 Dayume Prione #