

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

05-07-1999 90035 037 ***163.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 21 AM 9:39

DOCUMENT # 9960000 68119
1. Corporation Name
UNITED GLOBAL TRADING, INC.

514069-90035-37

Principal Place of Business Mailing Address
3473 NW 19th Street 16752 SW 5th Way
Lauderdale Lakes Fort Lauderdale
Florida 33311 Florida 33326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 3473 NW 19th Street		26 16752 SW 5th Way		65-0685848		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input checked="" type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		5.00 May Be	
23 Lauderdale Lakes, FL		28 Fort Lauderdale, FL		Trust Fund Contribution		Added to Fees	
24 33311		25 Broward		29 33326		30 Broward	
Zip		Country		Zip		Country	
24 33311		25 Broward		29 33326		30 Broward	

3. Date Incorporated or Qualified	
August 1996	
8. This corporation owes the current year Intangible Personal Property Tax.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Augustine Paldano				81 Name Augustine Paldano			
16752 SW 5th Way				82 Street Address (P.O. Box Number is Not Acceptable)			
Fort Lauderdale, FL 33326				16752 SW 5th Way			
				83			
				84 City Fort Lauderdale FL 85 Zip Code 33326			

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 Augustine Paldano President Augustine Paldano 05-10-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Augustine Paldano	1.2 NAME	
STREET ADDRESS	16752 SW 5th Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33326	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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: Augustine Paldano Augustine Paldano 05-10-99 (954) 349 2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)