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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000090159 (0)

1. Corporation Name

UNITED TRANSFERS, INC.



Principal Place of Business

Mailing Address

5911-B LYONS STREET
ORLANDO FL 38207

5911-B LYONS STREET
ORLANDO FL 38207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3332 S. SEMORAN BLVD.

Suite, Apt. #, etc.

22 APT. # 14

City & State

23 ORLANDO, FLORIDA

Zip

24 32822

Country

25 U.S.A.

2a. Mailing Address

26 3332 S. SEMORAN BLVD.

Suite, Apt. #, etc.

27 APT. # 14

City & State

28 ORLANDO, FLORIDA

Zip

29 32822

Country

30 U.S.A.

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

59-3429832

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TORREALBA, RAFAEL
5911-B LYONS STREET
ORLANDO FL 38207

10. Name and Address of New Registered Agent

81 Name

TORREALBA, RAFAEL

82 Street Address (P.O. Box Number is Not Acceptable)

3332 S. SEMORAN BLVD. APT. # 14

83

84 City

ORLANDO

FL

85 Zip Code

32822

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME TORREALBA, RAFAEL
STREET ADDRESS 5911-B LYONS STREET
CITY-ST-ZIP ORLANDO FL 38207

TITLE V ☐ DELETE

NAME MARQUEZ, ANGELA
STREET ADDRESS 5911-B LYONS STREET
CITY-ST-ZIP ORLANDO FL 38207

TITLE D ☒ DELETE

NAME LLANOS, HENRY
STREET ADDRESS 4074 WESDT 8TH COURT
CITY-ST-ZIP HIALEAH FL 33012

TITLE S ☒ DELETE

NAME FUNES, JULIAN
STREET ADDRESS 2416 BARLAY CLUB CT. #2
CITY-ST-ZIP ORLANDO FL 32837

TITLE T ☒ DELETE

NAME DONADO, LUIS
STREET ADDRESS 5911-B LYONS STREET
CITY-ST-ZIP ORLANDO FL 38207

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/V ☒ Change ☐ Addition

1.2 NAME MARQUEZ, ANGELA
1.3 STREET ADDRESS 3332 S. SEMORAN BLVD. # 14
1.4 CITY-ST-ZIP ORLANDO, FLA. 32822

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME RAFAEL TORREALBA
2.3 STREET ADDRESS 3332 S. SEMORAN BLVD. # 14
2.4 CITY-ST-ZIP ORLANDO, FL. 32822

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: Rafael Torrealba

4/17/98 (407) 731-1332

CR2E034 (10/97)