

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # P97000082309

1. Corporation Name

UNITED LENDERS SERVICES, INC.

Principal Place of Business

11890 S.W. 8TH STREET, SUITE 303
MIAMI FL 33184

Mailing Address

11890 S.W. 8TH STREET, SUITE 303
MIAMI FL 33184

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 PM 1:42



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0790158

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 the current year
Intangible Personal Property

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HERNANDEZ, ROLANDO
11890 S.W. 8TH STREET, SUITE 303
MIAMI FL 33184

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-STATE-ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-STATE-ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-STATE-ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-STATE-ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-STATE-ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-STATE-ZIP
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-STATE-ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99 305-207-0823
Date Daytime Phone #

0000004

CR2E034 (5/99)