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 # P9700099823 (1) INITED STATES ETHANOL CORPORATION

FILED May 11 1998 8:00am Secretary of State

UNITED	STATES ETHANOL CO	RPORATION				
Principal Place of Business Mailing Address					i ionisant tin iditti iditi abiit batte natte batte	# 18110 18181 10110 JIEU 1111 (83)
2805 FREEMAN ST. 2805 FREEMAN ST. COCONUT GROVE FL 33133-3908 COCONUT GROVE FL 33133-3908				•	DO NOT WRITE IN TH	HIS SPACE
					3. Date Incorporated or Qualified	
ļ		T-2			11/21/1997	
2. Principal Place of Business 2a. Mailing Addi			ress		4. FEI Number 082 1488	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			l ata		63-002.700	
22 27			, oto.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	_ Co	untry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Properly Tax due June 30.	Yes No
	9, Name and Address of Cur	rent Registered Agent		041	10. Name and Address of New Register	ed Agent
	TIT, MARTIN T			81 Name		
2805 FREEMAN ST.				82 Street Add	fress (P.O. Box Number is Not Acceptable)	
l coc	CONUT GROVE FL 33133-39	08		83		
				84 City		85 Zip Code
11. Pursuant to	ne provisions of Sections 607.0	0502 and 602-1508. Flor	ida Statutes, the e	bove-named con		
11. Pursuant to the provisions of Sections 607.0502 and 602.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida, such clange was authorized by the corporation's beard of directors. I hereby accept the appointment as registered agent, the directors of section 107.0505, Florida Statutes.						
i						s/ ? 8
SIGNATURE S	Ignatur, typed or printed name of registeres	ager and idle if applicable	(NOTE Register	ed Agent signature requ	ired when reinstating) DAI	/ ·
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	/PTSD		ELETE 1.1 1	TIRE		Change Addition
NAME	MARTIN T	- Letta		IAME		
STREET ADDRESS	280 5 FREEN	run elen	~_ ~ _	STREET ADDRESS		
CITY-ST-ZIP	Coconur E-	PAR 1-1. 22		CITY-ST-ZIP		Change Addition
TITLE				IAME		Change Changer
NAME STREET ADDRESS				TREET ADORESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			ELETE 3.11		, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME				IAME		
STREET ADDRESS			3.3.5	STREET ADDRESS		
CITY-ST-ZIP			3.4.	CITY-ST-ZIP		
TITLE			ELETE 4.1 T	ITLE		Change Addition
NAME			4.2	NAME		
STREET ADDRESS			4.3 5	TREET ADDRESS		
CITY - ST - ZIP				CITY-ST-ZIP		
TITLE				ITLE		Change Addition
NAME				AME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP TITLE	*********			CITY-ST-ZIP		Change Addition
NAME		L. V		IILE KAME		
STREET ADDRESS				STREET ADDRESS		
CITY.ST.7IP			640	CITY-ST-7IP		
14. I hereby ce	ortify that the information supplied	d with this filing does no	qualify for the ex	emption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information
indicated o officer or di	in this annual report or suppleme irector of the combrittion or the i	ental annual report is true receiver of trustee empo	e and accurate ar wered to execute	nd that my signati Ithis report as rec	n Section 119.07(3)(i), Florida Statutes. I furthe ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and th	e under oath; that I am an nat my name appears in