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

**PROFIT CORPORATION** ANNUAL REPORT

1999

**DOCUMENT #** 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 29, 1999 8:00 am Secretary of State **Katherine Harris**

03-29-1999 90103 023 \*\*\*150.00

UNITED	ACQUISITION INVESTORS	CONF.					
Principal Place	of Business	Mailing Address					
12400 SOUTHWEST 134TH COURT SUITE 11 MIAMI FL 33186		12400 SOUTHWEST 134TH COURT SUITE 11 MIAMI FL 33186					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed
2. Principal P	ace of Business	2a. Mailing Address				<del></del>	07/16/1998  4. FEI-Number
1		26					85 → 0814146   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
City & State	9	City & State					6. Election Campaign Financing \$5.00 May Be
3		28					Trust Fund Contribution Added to Fees
Zip	Country	— `	Zip Cour				8. This corporation owes the current year Intangible  Personal Property Tax  Personal Property Tax
4	25	29	<del></del>	30			Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
<del></del>	9. Name and Address of Curren	t Registered A	jent		31	Name	10. Name and Address of New Registered Agent
ALIE	RILAWYER						
343	ALMERIA AVENUE				32	Street Ad	ldress (P.O. Box Number is Not Acceptable)
COR	AL GABLES FL 33134				33		
				8	34	City	FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such	change was au	thorized t	ov i	-named co he corpora	progration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE: F	Registered A	gent	signature requ	ured when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE	Ε	`	☐ Change ☐ Addition
NAME	JARRETT, MCIVAN A		1.2 NAME				
STREET ADDRESS	12400 SOUTHWEST 134TH CO	JURT 1.3			EET.	ADDRESS	•
CITY-ST-ZIP	MIAMI FL 33186				-ST	-ZIP	Channe I Addition
TITLE	S		☐ DELETE	2.1 TITL	Ė	Į.	☐ Change ☐ Addition
NAME	THOMAS, TRUSTIN A				2.2 NAME		· ·
STREET ADDRESS	ADDRESS 12400 SOUTHWEST 134TH COURT			2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP		r-ZIP	☐ Change ☐ Addition
TITLE	<b>T</b> .		DELETE	3.1 TITL			, Criange ( Addition
NAME	GIBRILL, HASHIM			3.2 NAM			and the second of the second o
STREET ADDRESS	12:00 0001111120111111111111111111111111				3.3 STREET ADDRESS 3.4, CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI FL 33186		☐ DELETE	4,1 TITL		1-ZIP	☐ Change ☐ Addition
TITLE	ST		PLL.   L	4.1 MAN			
NAME	NJIE L, ALIEU B (ASST)	N IST				ADDRESS	
STREET ADDRESS	12400 SOUTHWEST 134TH CO	JUHI		4.3 STRI			
CITY-ST-ZIP TITLE	MIAMI FL 33186		DELETE	5.1 TITL	_	-21	☐ Change ☐ Addition
NAME	•			5.2 NAM		1	
STREET ADDRESS				5.3 STR	EET	ADDRESS	
CITY-ST-ZIP				5.4 CITY			
TITLE			DELETE	6.1 TITU			☐ Change ☐ Addition
NAME				6.2 NAM	Œ	1	
STREET ADDRESS				6.3 STR	EET	ADDRESS	
CITY-ST-ZIP				6.4 CITY	r-st	-ZIP	· <u></u>

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 suppliemental 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 on the resever of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE

Date

Daytime Phone #