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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P98000076727**

1. Corporation Name

UNION SERVICES CORPORATION

Principal Place of Business	Mailing Address
~~3191 CORAL WAY #800~~ ~~MIAMI FL 33145~~	~~3191 CORAL WAY #800~~ ~~MIAMI FL 33145~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1998

2. Principal Place of Business	2a. Mailing Address C/O OPPENHEIM & ASSOCIATES
21 444 BRICKELL AVE.	26 444 BRICKELL AVE
Suite, Apt. #, etc. 22 SUITE 1000	Suite, Apt. #, etc. 27 SUITE 1000
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OPPENHEIM, STEVEN P ESQ. ~~3191 CORAL WAY #800~~ ~~MIAMI FL 33145~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AVE, SUITE 1000 83 84 City: MIAMI FL 85 Zip Code: 33131

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: Steven P. Oppenheim — STEVEN P. OPPENHEIM — DATE: 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☒ Addition DPS NARDI, JEAN CARLO 444 BRICKELL AVE, SUITE 1000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☒ Addition V CORRADINI, CLAUDIO 444 BRICKELL AVE, SUITE 1000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ 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, with all other like empowered.

SIGNATURE: JEAN CARLO NARDI — JEAN CARLO NARDI PRESIDENT — 4/27/99 — 305-371-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)