

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

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Feb 19, 1999 8:00am
Secretary of State

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02-19-1999 90051 032 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000085150

1. Corporation Name
UNITED MONEY FAX CORP.

Principal Place of Business 2545 WEST 80TH STREET #6 HIALEAH FL 33016	Mailing Address 2545 WEST 80TH STREET #6 HIALEAH FL 33016
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3. Date Incorporated or Qualified 10/05/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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9. Name and Address of Current Registered Agent GAMEZ, JOSE R 2545 WEST 80TH STREET #6 HIALEAH FL 33016	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMEZ, JOSE R	1:2 NAME	
STREET ADDRESS	2545 WEST 80TH STREET #6	1:3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2:2 NAME	
STREET ADDRESS		2:3 STREET ADDRESS	
CITY-ST-ZIP		2:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3:2 NAME	
STREET ADDRESS		3:3 STREET ADDRESS	
CITY-ST-ZIP		3:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4:2 NAME	
STREET ADDRESS		4:3 STREET ADDRESS	
CITY-ST-ZIP		4:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5:2 NAME	
STREET ADDRESS		5:3 STREET ADDRESS	
CITY-ST-ZIP		5:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6:2 NAME	
STREET ADDRESS		6:3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/1/99 (305) 828-2010

CR2E034 (1/198)