SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 26 AM 11:22

DOCUMENT # **S55351** **(8)**

1. Corporation Name
UNITED INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1991	3a. Date of Last Report: 04/26/1994
4. FEI Number: NOT APPLICABLE	☒ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2600 NW 72nd Avenue	26 2600 NW 72nd AVENUE
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33122 Country 25 DADE	Zip 29 33122 Country 30 DADE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
[redacted]	81 Name: CARLOS MAIA
	82 Street Address (P.O. Box Number is Not Acceptable): 2600 Nw 72nd Avenue
	83 MIAMI, FLORIDA 33122
	84 City: FL 85 Zip Code:

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] 6-20-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	[redacted]	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	[redacted]	12 NAME	MAIA, CARLOS	
STREET ADDRESS	[redacted]	13 STREET ADDRESS	2600 NW 72 AVENUE	
CITY ST ZIP	[redacted]	14 CITY ST ZIP	MIAMI, FLORIDA 33122	
TITLE	DCS	21 TITLE	TREASURER & SECRETARY	☐ Change ☒ Addition
NAME	MAIA, CARLOS	22 NAME	CUERVO, WILLIAM	
STREET ADDRESS	[redacted]	23 STREET ADDRESS	2600 NW 72nd AVENUE	
CITY ST ZIP	[redacted]	24 CITY ST ZIP	MIAMI, FLORIDA 33122	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William Cuervo 6-20-95 305 477 3052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000390 CP