

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S55351** (8)

1. Corporation Name

UNITED INFORMATION SYSTEMS, INC.



Principal Place of Business

2600 NW 72ND AVE
MIAMI FL 33122
US

Mailing Address

2600 NW 72ND AVE
MIAMI FL 33122
US

2. Principal Place of Business

2a. Mailing Address

21 2201 NW 102nd PLACE

26 2201 NW 102nd PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BAY # 3 & 4

27 BAY # 3 & 4

City & State

City & State

23 MIAMI, FL

28 MIAMI, FLORIDA

Zip

33172

Country

DADE

29 33172

Country

DADE

3. Date Incorporated or Qualified
05/23/1991

3a. Date of Last Report
06/26/1995

4. FEI Number

APPLIED FOR

65-0535949

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAIA, CARLOS
2600 NW 72ND AVE
MIAMI FL 33122

81 Name
MAIA, CARLOS

82 Street Address (P.O. Box Number is Not Acceptable)

10299 NW 56 TERRACE

83

84 City
MIAMI

FL

85 Zip Code
33178

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, typed or printed name of registered agent and the filer, applicable

(NOTE: Registered Agent signature required when reinstating)

3-4-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TS
CUERVO, WILLIAM
2600 NW 72ND AVE
MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MAIA, CARLOS
2600 NW 72ND AVE
MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
TS
CUERVO, WILLIAM
2201 NW 102ND PLACE
MIAMI, FLORIDA 33178
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
PRESIDENT
MAIA, SAUL
555 NE 34th STREET #1701
MIAMI, FLORIDA 33137
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
CHAIRMAN
MAIA, CARLOS
10299 NW 56 TERRACE
MIAMI, FLORIDA 33178
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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)(k), 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* William Cuervo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96 305-477-3050

DATE DAY/TIME PHONE #

CR2E034 (12/95)