

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994. AMOUNT DUE ON OR BEFORE 6/16/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)

**CORPORATION
ANNUAL REPORT
19945**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUN 28 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V12243 (4)

1. Corporation Name
UNITED STATES INVENTORY EXCHANGE, INC.

Mailing Address
**% BRIAN J. GILLER
975 - 41ST STREET
MIAMI BEACH FL 33140**

Principal Place of Business
**% BRIAN J. GILLER
975 - 41ST STREET
MIAMI BEACH FL 33140**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1992	3a. Date of Last Report 04/29/1993
4. FEI Number 65-0312965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Imposed <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 119.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Mailing Address 21 3380 NW 114th ST.	2a. Principal Place of Business 26 3380 NW 114th ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33167-3331	Country 25 USA
Zip 29 33167-3331	Country 30 USA

9. Name and Address of Current Registered Agent

**GILLER, BRIAN J.
975 - 41ST STREET
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) _____ DATE _____

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/S/T
1.2 NAME	SCHECHEER, BENO
1.3 STREET ADDRESS	20225 NE 34TH CT #1714
1.4 CITY - ST - ZIP	N. MIAMI BEACH FL
2.1 TITLE	V/D
2.2 NAME	SCHECHEER, BENO
2.3 STREET ADDRESS	20225 NE 34TH CT #1714
2.4 CITY - ST - ZIP	N. MIAMI BEACH FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T
1.2 NAME	SCHECHEER, BENO
1.3 STREET ADDRESS	1915 BRICKELL AVE C-1402
1.4 CITY - ST - ZIP	MIAMI FL 33129
2.1 TITLE	V/D
2.2 NAME	SCHECHEER, BENO
2.3 STREET ADDRESS	1915 BRICKELL AVE C-1402
2.4 CITY - ST - ZIP	MIAMI FL 33129
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	700001526427
3.4 CITY - ST - ZIP	-06/29/95--01012--011
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	****225.00 ****225.00
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE: **BENO SCHECHEER** 5/24/95 (305) 681-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number 2)