

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V12243 (4)
1. Corporation Name
UNITED STATES INVENTORY EXCHANGE, INC.

Principal Place of Business
1139 ALFONSO AVE.
CORAL SPRINGS FL 33146
US

Mailing Address
1139 ALFONSO AVE.
CORAL SPRINGS FL 33146
US

97 OCT 20 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1992		3a. Date of Last Report 08/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0312965		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State CORAL GABLES FL		27 City & State CORAL GABLES FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33146		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
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				82 Street Address (P.O. Box Number is Not Acceptable)			
83				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST SCHECHTER, BENO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1139 ALFONSO AVE.	1.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	PST SCHECHTER, BENO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1915 BRICKELL AVE C-1402	2.2 NAME	300002326993-6
STREET ADDRESS	MIAMI FL 33129	2.3 STREET ADDRESS	-10/22/97-01080-004
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		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		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		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		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 do 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 in any attachment with an address.

SIGNATURE _____ BENO SCHECHTER 01/11/97 (2-5) 114 9123

CR2E034 (4/97)



UNITED STATES INVENTORY EXCHANGE, INC.

1139 Alfonso Avenue
Coral Gables, FL 33146
PHONE (305) 669-9123 FAX (305) 666-8505

October 10, 1997

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref. number: V12243

Dear Sirs:

I received your communication 297A00046346, returning our Annual Report asking for a late fee of \$385.00 in addition of the \$165.00.

Following a conversation with a Document Specialist I'm writing this letter in order to request from you to reconsider the late fee penalty since we did not receive the original notice.

Please check the correct city as Coral Gables and not Coral Springs.

Thanking you in advance,

Sincerely

A handwritten signature in black ink, appearing to read 'Ben Schechter', is written over the typed name and title.

Ben Schechter
President