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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
UNITED FACTORIES



Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29 1998 8:00am Secretary of State

	1998	DIVISION OF	СОНРОН	ATIONS	Scoretary or State
I	MENT # V1545 FACTORIES CORPORATION				1 MAIN 8/1001 1480; 8/11 AND 18/14 (A) 8/14 (A)
	, , , , , , , , , , , , , , , , , , ,				
Principal Place of Business Mailing Address					r sants midde till atter atter atter fritt fallt friftt andri midt fries frift frill (64)
1674 ALTON RD 1674 ALTON RD					
500 MIAMI BCH FL 33139		500 Miami BCH FL 33139			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
					02/20/1992
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
		26			65-0310668 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		City & State			Fee Hequired
		City & State	State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip		Cou	intry	
24	25	29	30	,,,,,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre		1901	1	10. Name and Address of New Registered Agent
CT	CORPORATION SYSTEM			81 Name	
1200 S. PINE ISLAND RD.				82 Street A	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324				Oli Oli Oli /	Sociolos (F. C. Don Hollingo) to Hol Mocophabilo)
				83	
				64 City	85 Zip Code
					FL (**)
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoric agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida S					corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	lutes.	oranon o board or another investory accept the appointment of accept
SIGNATURE					
12.	Signature, typed or printed name of registred agent and title if applicable (NOT OFFICERS AND DIRECTORS		13.	d Agent signalure	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVP DELETE		1.1 11	TLE	Change Addition
NAME	ABRAHAM, PATRICK		12 N	AME	·
STREET ADDRESS	1417 MIDDLE RIVER DRIVE		1.3 \$1	TREET ADDRESS	
CITY-ST-ZIP	ft. Lauderdale fl.		1.4 CI	TY-ST-ZIP	•
TITLE	S	DELETE	2.1 T)	TLE	Change Addition
NAME	NIELS, ALBERT		2.2 N	AME	
STREET ADDRESS	1417 MIDDLE RIVER DR		2.3 \$1	TREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 0	ITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TI	TLE	☐ Change ☐ Addition
NAME			3.2 N/	1	
STREET ADDRESS				FREET ADDRESS	
CITY-ST-ZIP		DELETE		ITY-ST-ZIP	Change L Addition
TITLE		☐ nerest	4.1 T(L] Change L Addition
NAME			4.2 N	1	
STREET ADDRESS CITY-ST-ZIP				TREET ADDRESS	
TITLE		DELETE	5.1 Tr	TY-ST-ZIP	Change Addition
NAME		bond (E	5.2 N/		
STREET ADDRESS			- 1	REET ADORESS	
CITY-ST-ZIP			1	TY-ST-ZIP	
TITLE		DELETE	6.1 TI		Change Addition
NAME			6.2 NA	AME	İ
STREET ADDRESS			6.3 ST	REET ADDRESS	
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP	
	ertify that the information supplied v	vith this filing does not qualify	for the exe	emption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or suppliemental 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 received 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.

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