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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000006217 (3)**

1. Corporation Name

UNIDOS-INDIAN RIVER COUNTY, INC.



Principal Place of Business

Mailing Address

12896 COUNTY ROAD 512
FELLSMERE FL 32948

P.O. BOX 9
FELLSMERE FL 32948

3. Date Incorporated or Qualified

12/20/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMOS, VICTOR
1627 U.S. 1
SUITE 17
SEBASTIAN FL 32958

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	RAMOS, VICTOR M	1627 U.S. 1 SUITE 17	SEBASTIAN FL	<input type="checkbox"/>
V	CHICO, SAN JUANITA	202 S. MULBERRY STREET	FELLSMERE FL	<input checked="" type="checkbox"/>
S	GAMEZ, ELBA	220 SOUTH WILLOW STREET	FELLSMERE FL	<input checked="" type="checkbox"/>
T	SUAREZ, OLGA E	130 WHITE RD. S.W.	PALM BAY FL	<input type="checkbox"/>
D	GONZALEZ, AZAEL	67 SOUTH MYRTLE STREET	FELLSMERE FL 32948	<input checked="" type="checkbox"/>
D	PEREZ, JOSE A	202 S MULBERRY STREET	FELLSMERE FL 32948	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	CHANGE	ADDITION
V	GONZALEZ, AZAEL	67 S. MYRTLE ST.	FELLSMERE FL 32948	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
V	YASHINSKI, CLEMON	126 S. MULBERRY ST.	FELLSMERE FL 32948	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
S	OEN, MARY ANN	1492 BEVAN DR	SEBASTIAN FL 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
D	CHICO, SAN JUANITA	202 S. MULBERRY ST	FELLSMERE FL 32948	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
D	CHICO, DANIEL	202 S. MULBERRY ST	FELLSMERE FL 32948	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
D	YASHINSKI, SIGMUND	126 S. MULBERRY ST.	FELLSMERE FL 32948	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Olga E. Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/12/96

Daytime Phone #

CR2E037 (12/95)