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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000029463 (5)**

1. Corporation Name
LOS UNIDOS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
951 WEST 55TH PLACE HIALEAH FL 33012	951 WEST 55TH PLACE HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/21/1993	04/15/1994

2. Principal Place of Business (21)	2a. Mailing Address (25)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

4. FEI Number: 65-0404007 ☐ 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 was subject to [illegible] under § 220.222, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FUENTES, LUZ
951 WEST 55TH PLACE
HIALEAH FL 33012

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: [illegible] (Required) (If changing Registered Agent, registered agent must sign.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	FUENTES, PEDRO	12 NAME	
STREET ADDRESS	951 WEST 55TH PLACE	13 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33012	14 CITY ST ZIP	
TITLE	SDD	21 TITLE	☐ Change ☐ Addition
NAME	FUENTES, LUZ	22 NAME	
STREET ADDRESS	951 WEST 55TH PLACE	23 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33012	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	PERAZA, EDUARDO	32 NAME	
STREET ADDRESS	951 WEST 55TH PLACE	33 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33012	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 on an attachment with an address.

SIGNATURE: [signature] LUZ FUENTES 4/14/95 (Date) 362-9139 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR

000283 CP