I hereby certify that the information indicated on this report or supplemental report is true and accurate an oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the		
above, or on an attachment with all other like empowered.		
SIGNATURE: IMELDA MERCEDES MEDINA MD. MPH	PRESIDENT	03/11/2019

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

MEDINA, IMELDA 6300 SW 28 STREET MIAMI, FL 33155 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E: IMELDA MEDINA		03/11/2019	
	Electronic Signature of Registered Agent		Date	
Officer/Dire	ctor Detail :			
Title	Ρ, Τ	Title	VP	
Name	MEDINA MD, MPH, IMELDA	Name	SALINAS, MD,MPH,PHD, ABRAHAM	
		Address	6300 SW 28 STREET	
Address	6300 SW 28 STREET	City-State-Zip:	MIAMI FL 33155	
City-State-Zip:	MIAMI FL 33155			
Title	CEODETADY	Title	VP	
Title		Name	MEDINA, JUAN RAFAEL	
Name	MEDINA, B.S., JUAN PABLO	Address	6300 SW 28 STREET	
Address	9375 SW 170 LANE	City-State-Zip:		
			MIAMI FL 33155	

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002616

Entity Name: FAMILIAS UNIDAS INTERNATIONAL, INC.

Current Principal Place of Business:

6300 SW 28 STREET MIAMI, FL 33155

Current Mailing Address:

6300 SW 28 STREET MIAMI. FL 33155

FEI Number: 45-0612164

City-State-Zip: MIAMI FL 33157

Certificate of Status Desired: No

FILED Mar 11, 2019 **Secretary of State** 2192398656CC

Date