

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000006352

**FILED**  
**Apr 08, 2016**  
**Secretary of State**  
**CC2739883821**

**Entity Name:** UNIMAS NETWORK (INC.)

**Current Principal Place of Business:**

9405 NW 41ST STREET  
DORAL, FL 33178

**Current Mailing Address:**

9405 NW 41ST STREET  
DORAL, FL 33178 US

**FEI Number:** 48-1284839

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FALCO, RANDY  
Address        9405 NW 41ST STREET  
City-State-Zip: DORAL FL 33178

Title            SECRETARY, DIRECTOR  
Name            SCHWARTZ , JONATHAN  
Address        9405 NW 41ST STREET  
City-State-Zip: DORAL FL 33178

Title            TREASURER  
Name            MCCANN , SHAWN  
Address        9405 NW 41ST STREET  
City-State-Zip: DORAL FL 33178

Title            ASST. SECRETARY  
Name            ACEVES , JOHN PAUL  
Address        9405 NW 41ST STREET  
City-State-Zip: DORAL FL 33178

Title            DIRECTOR  
Name            LORI, PETER H.  
Address        9405 NW 41ST STREET  
City-State-Zip: DORAL FL 33178

Title            DIRECTOR  
Name            LOPEZ-BALBOA, FRANK  
Address        9405 NW 41ST STREET  
City-State-Zip: DORAL FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN PAUL ACEVES

**ASST. SECRETARY**

**04/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date