

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Wootton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **737862** (3)
UNIDAD/ONENESS, CENTER OF TRUTH, INC.

Principal Place of Business: 1541 LA COSTA DRIVE, EAST
PEMBROKE PINES FL 33027
Mailing Address: 1541 LA COSTA DRIVE, EAST
PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 01/19/1977	3a. Date of Last Report 03/31/1994
4. FEI Number 59-1796990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
3. Suite Apt # etc. 22	3a. Suite Apt # etc. 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29
6. Country 25	6a. Country 30

9. Name and Address of Current Registered Agent

**CINA, NORA A. REV.
4807 N.W. 98 PL.
DORAL PARK FL 33181**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: **NORA CINA REV** *Nora Cina* **4/25/95**
Signature of registered agent or registered agent and filer (if applicable) (Date) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CINA, NORA A.
STREET ADDRESS	4807 NW 98 PL.
CITY, ST, ZIP	DORAL PARK FL
TITLE	VD
NAME	ABRAMSON, HARVEY
STREET ADDRESS	1066 NORTHEAST 94TH ST
CITY, ST, ZIP	MIAMI SHORES FL
TITLE	D
NAME	CINA, SALVATORE
STREET ADDRESS	8401 NW 53RD TERR
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 140.07(3)(b), 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. 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: **SALVATORE CINA** *Salvatore Cina* **4/25/95** **305-436-4820**
Signature and typed or printed name of signing officer or director (Date) (Telephone)