

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H84100** (7)

1. Corporation Name

UNISON SERVICES INCORPORATED



Principal Place of Business

**5951 N.W. 151 ST
STE. #209
MIAMI LAKES FL 33014**

Mailing Address

**P.O. BOX 552589
MIAMI FL 33055**

3. Date Incorporated or Qualified
11/05/1985

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **5901 N.W. 151 Street**

26 **(Same as above)**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **#201**

28 City & State

City & State
Miami Lakes, Florida

29 Zip Country

24 **33014**

25 **Dade**

30

4. FEI Number
59-2587317

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMACHO, JOEL A., HEBER CAMACHO, LEOPOLDIN
A I. CAMACHO
18882 N.W. 77 COURT
MIAMI FL 33015**

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

Signature, typed or printed name of registered agent and date of acceptance

(P.O. Box Registered Agent signature requires written consent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **OPD
CAMACHO, JOEL A.**
STREET ADDRESS **18882 NW 77 CT**
CITY-STATE-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE
NAME **VD
CAMACHO, HEBER**
STREET ADDRESS **17887 NW 78TH PLACE**
CITY-STATE-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE
NAME **SD
CAMACHO, LEOPOLDINA I.**
STREET ADDRESS **18882 NW 77 CT**
CITY-STATE-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEOPOLDINA I. CAMACHO

5-3-96
Day

305-829-0000
Daytime Phone

CR2E034 (12/95)