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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N01722 (0)

1. Corporation Name
CORAL GABLES CHAPTER OF UNICO NATIONAL, INC.

Principal Place of Business	Mailing Address
%RICK G. CIRAVOLO 1605 NETHIA DR. MIAMI FL 33133 US	%RICK G. CIRAVOLO 1605 NETHIA AVE. MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/29/1984
3a. Date of Last Report: 03/24/1994
4. FEI Number: 74-6052440 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CIRAVOLO, RICK G.
1605 NETHIA DR.
MIAMI FL 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	13.1 TITLE	☐ Change ☐ Addition
NAME	MARTUCCI, JOSEPH	13.2 NAME	
STREET ADDRESS	44 W FLAGLER ST., #2175	13.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	
TITLE	VPD	23.1 TITLE	☐ Change ☐ Addition
NAME	LUDOVICI, PHIL F	23.2 NAME	
STREET ADDRESS	17408 SW 97 AVE.	23.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	23.4 CITY-ST-ZIP	
TITLE	VPD	33.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, JAY	33.2 NAME	
STREET ADDRESS	9250 S. DADELAND BLVD., #606	33.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	33.4 CITY-ST-ZIP	
TITLE	SD	43.1 TITLE	S.D. ☒ Change ☐ Addition
NAME	REMY, MICHAEL	43.2 NAME	MICHAEL DE SOTO
STREET ADDRESS	2222 PONCE DE LEON BLVD., 3200	43.3 STREET ADDRESS	200 SOUTH BISCAYNE BLVD. SUITE 1700
CITY-ST-ZIP	CORAL GABLES FL	43.4 CITY-ST-ZIP	MIAMI FL. 33131
TITLE	TD	53.1 TITLE	☒ Change ☐ Addition
NAME	LA MARCA, THOMAS	53.2 NAME	
STREET ADDRESS	~~10735 E LAKE DR~~ 15998 NW 49 AVE.	53.3 STREET ADDRESS	15998 NW 49 AVE.
CITY-ST-ZIP	MIAMI FL 33014	53.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE	SSD	63.1 TITLE	☐ Change ☐ Addition
NAME	VENDI, JOSEPH	63.2 NAME	
STREET ADDRESS	7760 SW 88TH ST	63.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	63.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] THOMAS LA MARCA 2-17-95 305 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041478