FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: 02/29/1984
3a. Date of Last Report: 03/08/1995

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

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

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

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) SAME
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARTUCCI, JOSEPH		1.2 NAME	MARTUCCI, JOSEPH	
STREET ADDRESS	44 W FLAGLER ST., #2175		1.3 STREET ADDRESS	7700 SW 88ST	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUDOVICI, PHIL F		2.2 NAME		
STREET ADDRESS	17408 SW 97 AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JAY		3.2 NAME		
STREET ADDRESS	9250 S. DADELAND BLVD., #606		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	DESLATO, MICHAEL		4.2 NAME	MICHAEL III DESLATO	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD STE 1700		4.3 STREET ADDRESS	8100 SW 193 AVE	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI FL. 33173	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LA MARCA, THOMAS		5.2 NAME		
STREET ADDRESS	15998 NW 49TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	SSD	☒ DELETE	6.1 TITLE	SSD	☒ Change ☐ Addition
NAME	VENDI, JOSEPH		6.2 NAME	KOCH, MICHAEL	
STREET ADDRESS	7760 SW 88TH ST		6.3 STREET ADDRESS	6894 SW 165 ST.	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI FL. 33193	

CR2E037 (12/95)

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] TD 4/17/96 305 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #