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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/29/1984

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No NO ASSETS

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 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	LUDOVIEL, P F		1.2 NAME	LEWIS, JAY	
STREET ADDRESS	17415 S DIXIE HWY		1.3 STREET ADDRESS	9250 S. DADELAND BLVD #606	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI 33156	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☒ Addition
NAME	MARRACCINI, P JR		2.2 NAME	ANTHONY ROMANO	
STREET ADDRESS	13960 COCONUT PALM DR		2.3 STREET ADDRESS	3176 SW 27 AVE	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	MIAMI, FL. 33133	
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	LEWIS, JAY		3.2 NAME	VINCENZO CONSTANTINO	
STREET ADDRESS	9250 S. DADELAND BLVD., #606		3.3 STREET ADDRESS	6446 SW 39 TERR.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL. 33165-4820	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☒ Addition
NAME	MACRINA, DOMENIC I		4.2 NAME	FRAN SALVATORE	
STREET ADDRESS	8100 SW 93 AVE		4.3 STREET ADDRESS	9745 SW 90 AVE.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	TD	☐ DELETE	5.1 TITLE	SAME.	☐ 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		☐ Change ☐ Addition
NAME	FACCIOLO, V S		6.2 NAME		
STREET ADDRESS	9400 SW 146TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 added on an attachment with an address.

SIGNATURE: [signature] T.D. 3-23-98 305-603-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #