

FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # **N01722** (0)
Corporation Name
CORAL GABLES CHAPTER OF UNICO NATIONAL, INC.



Principal Place of Business		Mailing Address	
WICK G. CIRAVOLO 1605 NETHIA DR. MIAMI FL 33133 US		WICK G. CIRAVOLO 1605 NETHIA AVE. MIAMI FL 33133 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
25	30		

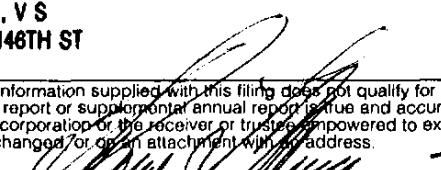
3. Date Incorporated or Qualified	02/29/1984	
4. FEI Number	74-6052440	Applied For Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No	ASSETS

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CIRAVOLO, RICK G. 1605 NETHIA DR. MIAMI FL 33133		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 LUDOVIEL, P F 17415 S DIXIE HWY MIAMI FL	1.1 TITLE	PD LEWIS, JAY 9250 S. DADELAND BLVD #606 MIAMI 33156
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD MARRACCINI, P JR 13960 COCONUT PALM DR HOMESTEAD FL	2.1 TITLE	VPD ANTHONY ROMANO 3176 SW 87 AVE MIAMI, FL 33133
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD LEWIS, JAY 9250 S. DADELAND BLVD., #606 MIAMI FL	3.1 TITLE	VPD VINCENTO CONSTANTINO 6446 SW 39 TERR. MIAMI, FL 33165-4800
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MACRINA, DOMENIC I 8100 SW 93 AVE MIAMI FL	4.1 TITLE	SD FRAN SALVATORE 9745 SW 90 AVE. MIAMI, FL 33176
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD LA MARCA, THOMAS 15998 NW 49TH AVE MIAMI FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SSD FACCIOLO, V S 9400 SW 146TH ST MIAMI FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:  J.D. 3-23-98 305-625-0878

CR2E037 (10/97)