

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001292

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** UNION NICARAGUENSE AMERICANA, CORP.

**Current Principal Place of Business:**

345 CORYDON DRIVE  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

345 CORYDON DRIVE  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

**FEI Number:** 27-1904799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHNEIDER, ADALILA  
345 CORYDON DRIVE  
MIAMI SPRINGS, FL 33166 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SCHNEIDER, ADALILA  
Address: 345 CORYDON DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D  
Name: CUEVAS, ESPERANZA  
Address: 6640 S.W. 40 STREET  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: ABAUNZA, ANA  
Address: 12367 S.W. 140 STREET  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: SALAZAR, ARMANDO  
Address: 6212 S.W. 107 AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: D  
Name: CASTANO, ROGER  
Address: 5601 S.W. 1 STREET  
City-St-Zip: CORAL GABLES, FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ESPERANZA CUEVAS

D

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date