

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mogham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49927 (9)

1. Corporation Name

UNITY DE LAS AMERICAS, INC.

Principal Place of Business

454 N.W. 22 AVE., STORE 202
MIAMI FL 33125

Mailing Address

454 N.W. 22 AVE., STORE 202
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/1992

3a. Date of Last Report
03/04/1996

4. FEI Number

65-0346802

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

GONZALEZ, MANUEL
14253 SW 48 TERR
MIAMI FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TDP ☐ DELETE

NAME GONZALEZ, MANUEL
STREET ADDRESS 3189 S.W. 8 ST.
CITY-ST-ZIP MIAMI FL

TITLE TDVP ☒ DELETE

NAME BLANCHE, ANTONIO
STREET ADDRESS 4330 N.W. 11 ST. # B
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME QUINOA, MANUEL
STREET ADDRESS 11743 S.W. 92 LANE
CITY-ST-ZIP MIAMI FL

TITLE T ☒ DELETE

NAME COMAS, LEONOR
STREET ADDRESS 4841 NW 7TH ST. APT. 103
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME JOSE CARREÑO
1.3 STREET ADDRESS 1380 SW 13 ST. TDP
1.4 CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME MIRTA LIMONTA
2.3 STREET ADDRESS 284 WEST 30 ST. D/SEC.
2.4 CITY-ST-ZIP HIALEAH, FL.

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME MANUEL QUINOA
3.3 STREET ADDRESS 14810 SW 74TH LANE T/D
3.4 CITY-ST-ZIP MIAMI FL 33183

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME MANUEL GONZALEZ
4.3 STREET ADDRESS 14253 SW 48 TERR. T/D
4.4 CITY-ST-ZIP MIAMI, FL. TRENS.

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 SIGNATURE REQUIRED

07/31/97 (355) 641-9994

CR2E037 (4/97)