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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N49927 (9)

1. Corporation Name

UNITY DE LAS AMERICAS, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

07/17/1992

4. FEI Number

65-0346802

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MANUEL
14253 SW 48 TERR
MIAMI FL

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 MANUEL GONZALEZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE TDP
NAME CARRENO, JOSE
STREET ADDRESS 1380 SW 13TH ST
CITY-ST-ZIP MIAMI FL

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

TITLE DS
NAME UMONTA, MIRTHA
STREET ADDRESS 284 W 30TH ST
CITY-ST-ZIP HIALEAH FL

TITLE TD
NAME QUINOA, MANUEL
STREET ADDRESS 14810 SW 74TH LN
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME GONZALEZ, MANUEL
STREET ADDRESS 14253 SW 48TH TERR
CITY-ST-ZIP MIAMI FL

1.1 TITLE DS
1.2 NAME ANIA M. GARCIA
1.3 STREET ADDRESS 2225 SW 27 TERR
1.4 CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE TDP
2.2 NAME JOSE CARRENO
2.3 STREET ADDRESS 5310 SW 2 ST
2.4 CITY-ST-ZIP MIAMI FL 33134

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Ania M. Garcia

01/12/98

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