FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90068 047 ****61.25

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3 Date Incorporated or Qualified

DOCUMENT # N49927

1. Corporation Name

UNITY DE LAS AMERICAS, INC.

Principal Place of Business

Mailing Address

2a Mailing Addross

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

$\overline{}$	Principal Place of Business	26	3			/17/1992	
_	Suite, Apt. #, etc.	Suite, Apt. #, e	tc.		4. FE	Number -0346802	Applied For Not Applicable
22	City & State	City & State			+	rtifcate of Status Desired	\$8.75 Additional Fee Required
24	Zip Country	Zip 29	Coun	try	1	ection Campaign Financing ust Fund Contribution	\$5.00 May Be Added to Fees
<u></u> 1	9. Name and Address of Current F				10. Na	ime and Address of New Registere	d Agent
		(81 Name			·
GONZELEZ, MANUEL 14253 SW 48 TERR MIAMI FL				Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	, 			B4 City		F	. I 85 I 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 of 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		- Cotin B	17-17-1-1-1	in the distance of the second	- DATE	
	Signature, typed or printed name of registered agent and title if applicable	<u>`</u>		equired when reinstating) ADDITIONS/CHANGES TO O		20 IN 12
12.	OFFICERS AND DIRECTORS		13.			
TITLE	DS	DELETE .	1.1 TITLE	JS	Change	Addition
NAME	GARCIA, ANIA M		1.2 NAME	NELY C. CABRERA 8250 BYRON AVE.	4PT. 304	ì
STREET ADDRESS	2225 SW 27 TERR		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	MIAMI BEACH, FL		- Addition
TITLE	TDP	DELETE	2.1 TITLE	TOP	_ Change	. Addition
NAME	CARRENO, JOSE		2.2 NAME	QUINDA, MANUE	^	
STREET ADDRESS	5310 SW 2 ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33134		2.4 CITY-ST-ZIP	MIAMIDADE, F.	<u> 4 33/93</u>	
TITLE	TD	☐ DELETE	3.1 TITLE		. Change	Addition
NAME .	GONZALEZ, MANUEL		3.2 NAME			
STREET ADDRESS	14253 SW 48TH TERR		3.3 STREET ADORESS		*	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	DYT	☐ Change	Addition
NAME	• ,		4. 2 NAME	ANTONIO CARL 8250 BYRON	OS CABRE	RA
STREET ADDRESS			4.3 STREET ADDRESS	8250 BYRON,	AVE APT 3	304
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI BEACH	7 33141	
TITLE		☐ DELETE	5.1 TITLE	7.	☐ Change	Addition
NAME			5.2 NAME			Į
STREET ADDRESS	and the second s	_ ~_ ~	5.3 STREET ADDRESS	ماد څاسود کې د د دست	man American	
CITY-ST-ZIP			5.4 CITY+ST+ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			, .
OTT 1 OF 710			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 the receiver of the corporation of the corp