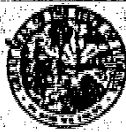


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000053 (9)

1. Corporation Name

UNITED NETWORK FOR THE IMPROVEMENT AND DEVELOPE
NT OF SPANISH-AMERICANS, INC. (UNIDOS)

Principal Place of Business

Mailing Address

103 E MERIDIAN AVE
DADE CITY FL 33525
US

P O BOX 2311
LAND O LAKES FL 34639
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1992

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3195454

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VEGA, ALICIA
4711 VICTORIA ROAD
LAND O LAKES FL 34639

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VEGA, ALICIA
STREET ADDRESS 4711 VICTORIA ROAD
CITY-ST-ZIP LAND O LAKES FL 34639

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME MEDOZA, IVETTE
STREET ADDRESS 40435 MELROSE
CITY-ST-ZIP RICHLAND FL 33525

2.1 TITLE VD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Anita Cruz, VD ☒ Change ☐ Addition
19411 Burke Rd
Dade City, FL 33525

TITLE TD
NAME ROQUE, ED
STREET ADDRESS 1631 GARDNER PL
CITY-ST-ZIP LUTZ FL 33549

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

☐ Change ☐ Addition

TITLE D
NAME ECHEVARRIA, ANGEL
STREET ADDRESS 1721 WEAVER DR.
CITY-ST-ZIP LUTZ FL 33549

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

Carmen meza, D ☒ Change ☐ Addition
1209 Byron St.
Dade City, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alicia Vega, President

2/23/95

904
523-9616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime (Phone #)