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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N93000000053 (9)

1. Corporation Name

UNITED NETWORK FOR THE IMPROVEMENT AND DEVELOPME 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 LANDO'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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VEGA, ALICIA
4711 VICTORIA ROAD
LAND O'LAKES FL 34639

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VEGA, ALICIA	1.2 NAME	
STREET ADDRESS	4711 VICTORIA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O LAKES FL 34639	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE VD	Anita Cruz, VD ☒ Change ☐ Addition
NAME	MEDOZA, IVETTE	2.2 NAME	
STREET ADDRESS	40435 MELROSE	2.3 STREET ADDRESS	19411 Burke Rd
CITY-ST-ZIP	RICHLAND FL 33525	2.4 CITY-ST-ZIP	Dade City, FL. 33525
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROQUE, ED	3.2 NAME	
STREET ADDRESS	1631 GARDNER PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	Delete
TITLE	D	4.1 TITLE D	Carmen Meza, D ☒ Change ☐ Addition
NAME	ECHEVARRIA, ANGEL	4.2 NAME	
STREET ADDRESS	1721 WEAVER DR.	4.3 STREET ADDRESS	1209 Byron St.
CITY-ST-ZIP	LUTZ FL 33549	4.4 CITY-ST-ZIP	Dade City, FL. 33525
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Alicia Vega, President 2/23/95 904 523-9616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056837