FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 4:24
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000006217 (3)**

1. Corporation Name

UNIDOS-INDIAN RIVER COUNTY, INC.

Principal Place of Business	Mailing Address
12896 COUNTY ROAD 512 FELLSMERE FL 32948	P.O. BOX 9 FELLSMERE FL 32948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report:
4. FEI Number: 65-0547488 — 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: VICTOR M. RAMOS
82 Street Address (P.O. Box Number is Not Acceptable): 1627 U.S.1 Suite 17
83
84 City: SEBASTIAN FL 85 Zip Code: 32958

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: VICTOR M. RAMOS, PRESIDENT 5-4-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☐ Change ☑ Addition
NAME	REDDEN, FATHER GERARD D	12 NAME	VICTOR M. RAMOS
STREET ADDRESS	2410 FLORIDA AVENUE	13 STREET ADDRESS	1629 US1 Suite 17
CITY-ST-ZIP	FT. PIERCE FL 33410	14 CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	D	21 TITLE	V ☐ Change ☑ Addition
NAME	WALTER, ANA	22 NAME	SAN JUANITA CHICO
STREET ADDRESS	103 LANCASTER STREET	23 STREET ADDRESS	202 S. MULBERRY ST
CITY-ST-ZIP	SEBASTIAN FL 32958	24 CITY-ST-ZIP	Fellsmere FL 32948
TITLE	D	31 TITLE	S ☐ Change ☑ Addition
NAME	GAMEZ, GUILLERMO	32 NAME	ELBA GAMEZ
STREET ADDRESS	220 SOUTH WILLOW STREET	33 STREET ADDRESS	220 S. WILLOW ST.
CITY-ST-ZIP	FELLSMERE FL 32948	34 CITY-ST-ZIP	FELLSMERE FL 32948
TITLE	D	41 TITLE	T ☐ Change ☑ Addition
NAME	OIEN, MARY A	42 NAME	OLGA E. SUAREZ
STREET ADDRESS	1492 BEVAN DRIVE	43 STREET ADDRESS	130 White RD SW
CITY-ST-ZIP	SEBASTIAN FL 32958	44 CITY-ST-ZIP	Palm Bay FL 32908
TITLE	D	51 TITLE	M ☐ Change ☑ Addition
NAME	GONZALEZ, AZAEL	52 NAME	RODOLFO SUAREZ
STREET ADDRESS	67 SOUTH MYRTLE STREET	53 STREET ADDRESS	130 White RD SW
CITY-ST-ZIP	FELLSMERE FL 32948	54 CITY-ST-ZIP	Palm Bay FL 32908
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PEREZ, JOSE A	62 NAME	
STREET ADDRESS	202 S MULBERRY STREET	63 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL 32948	64 CITY-ST-ZIP	

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****163.75 ****163.75

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: VICTOR M. RAMOS 5-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # (407) 571-5844

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