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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000006217 (3)

1. Corporation Name

UNIDOS-INDIAN RIVER COUNTY, INC.

Principal Place of Business

12896 COUNTY ROAD 512  
FELLSMERE FL 32948

Mailing Address

P.O. BOX 1112  
FELLSMERE FL 32948-1112  
US



3. Date Incorporated or Qualified 12/20/1994	3a. Date of Last Report 02/15/1996
4. FEI Number 65-0547488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMOS, VICTOR  
1627 U.S. 1  
SUITE 17  
SEBASTIAN FL 32958

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, AZAEL	1.2 NAME	OLGA E. SUAREZ
STREET ADDRESS	67 SOUTH MYRTLE STREET	1.3 STREET ADDRESS	130 WHITE RD SW
CITY-ST-ZIP	FELLSMERE FL	1.4 CITY-ST-ZIP	Palma Bay FL 32908
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YASHEWSKI, ELEANOR	2.2 NAME	RODOLFO SUAREZ
STREET ADDRESS	126 SOUTH MULBERRY STREET	2.3 STREET ADDRESS	130 WHITE RD SW
CITY-ST-ZIP	FELLSMERE FL	2.4 CITY-ST-ZIP	Palma Bay FL 32908
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLEN, MARY A	3.2 NAME	
STREET ADDRESS	1492 BEVAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICO, SAN J	4.2 NAME	
STREET ADDRESS	202 SOUTH MULBERRY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICO, DANIEL	5.2 NAME	
STREET ADDRESS	202 SOUTH MULBERRY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASHEWSKI, SIGMUND	6.2 NAME	
STREET ADDRESS	126 SOUTH MULBERRY STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	6.4 CITY-ST-ZIP	

14. I do 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: *Olga E. Suarez* REQUIRED

2-27-97

CR2E037 (9/96)