


6-18-98 B 7955 C
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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006217 (3)**

1. Corporation Name

UNIDOS-INDIAN RIVER COUNTY, INC.



Principal Place of Business 12996 COUNTY ROAD 512 FELLSMERE FL 32948	Mailing Address P.O. BOX 1112 FELLSMERE FL 32948 US
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3. Date Incorporated or Qualified
12/20/1994

4. FEI Number
65-0547488

Applied For
☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
28

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
29

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

8. 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 **RODOLFO SUAREZ**
82 Street Address (P.O. Box Number is Not Acceptable)
130 WHITE RD SW
83
84 City **Palm Bay** FL 85 Zip Code **32908**

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	V GONZALEZ, AZAEL
STREET ADDRESS	67 SOUTH MYRTLE STREET
CITY-ST-ZIP	FELLSMERE FL
TITLE	<input type="checkbox"/> DELETE
NAME	V YASHEWSKI, ELEANOR
STREET ADDRESS	126 SOUTH MULBERRY STREET
CITY-ST-ZIP	FELLSMERE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S OLEN, MARY A
STREET ADDRESS	1492 BEVAN DRIVE
CITY-ST-ZIP	SEBASTIAN FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CHICO, SAN J
STREET ADDRESS	202 SOUTH MULBERRY STREET
CITY-ST-ZIP	FELLSMERE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CHICO, DANIEL
STREET ADDRESS	202 SOUTH MULBERRY STREET
CITY-ST-ZIP	FELLSMERE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D YASHEWSKI, SIGMUND
STREET ADDRESS	126 SOUTH MULBERRY STREET
CITY-ST-ZIP	FELLSMERE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OLGA E. SUAREZ
3.3 STREET ADDRESS	130 WHITE RD SW
3.4 CITY-ST-ZIP	Palm Bay FL 32908
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	M RODOLFO SUAREZ
6.3 STREET ADDRESS	130 WHITE RD SW
6.4 CITY-ST-ZIP	Palm Bay FL 32908

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 an attachment with an address.

SIGNATURE **RODOLFO SUAREZ** **6-1-98** **409-724-4911**

CP2E037 (10/97)