FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071687 (6)**

1. Corporation Name
UNICOM INTERNATIONAL (FLORIDA), INC.

Principal Place of Business	Mailing Address
4300 NW 23RD AVE. SUITE 207 GAINESVILLE FL 32606	4300 NW 23RD AVE. SUITE 207 GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

4. PLEASE NOTE: WE ARE IN PROCESS OF GETTING A NEW FEI NUMBER, WE WILL ADVISE YOU

2. Principal Place of Business 21 10740 N. 56 STREET	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 10/15/1993	3a. Date of Last Report 04/21/1994
Suite, Apt. #, etc. 22 SUITE 191	Suite, Apt. #, etc. 27 SAME	4. FEI Number APPLIED FOR 59-3309171	Applied For Not Applicable
City & State 23 TAMPA FL	City & State 28 SAME	5. Certificate of Status Desired X	$8.75 Additional Fee Required
24 33611 25 USA	29 SAME 30 Same	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMPTON, ROBERT N.H. JR. 4300 NW 23RD AVE., SUITE 207 GAINESVILLE FL 32606	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 new agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	11 TITLE		☐ Change ☐ Addition
NAME	HAMPTON, ROBERT N.H. JR	12 NAME		
STREET ADDRESS	4300 NW 23RD AVE., SUITE 207	13 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL 32606	14 CITY ST ZIP		
TITLE	P	21 TITLE	P.	☒ Change ☐ Addition
NAME	CARVAZHO, JOAO M	22 NAME	JOAO M. CARVALHO	
STREET ADDRESS	376-6 SW 62ND BLVD.	23 STREET ADDRESS	376-6 SW 62nd BLVD	
CITY ST ZIP	GAINESVILLE FL 32607	24 CITY ST ZIP	GAINESVILLE, FL. 32607	
TITLE	T	31 TITLE	T	☒ Change ☒ Addition
NAME	CARVAZHO, JOAO C.	32 NAME	JOAO C. CARVALHO	
STREET ADDRESS	376-6 SW 62ND BLVD.	33 STREET ADDRESS	376-6 SW 62nd BLVD	
CITY ST ZIP	GAINESVILLE FL 32607	34 CITY ST ZIP	GAINESVILLE, FL. 32607	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.H.N. Hampton / Robert N. H. Hampton JANUARY 17, 1995 8139880895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT N. H. HAMPTON, SR. JOAO CARLOS CARVALHO

0031330 CP