

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # P94000001207 (7)

95 MAY -1 AM 8:36

UNO NETWORK, INC.

520 BRICKELL KEY DR
SUITE O-305
MIAMI FL 33131

520 BRICKELL KEY DR
SUITE O-305
MIAMI FL 33131

3. Date of Incorporation or Organization: **01/06/1994**
3a. Date of Last Report:

21. 100 N. Biscayne Blvd.	26. 100 N B iscayne Blvd.	4. 65-0548003	Application Not Application
22. 1001	27. 1001	5. Certificate of Status Desired: \$8.75 Additional Fee Required	
23. Miami, Florida	28. Miami, Florida	6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees	
24. 33132	29. 33132	8. This corporation is not liable for election campaign financing contribution: ☒	
25. USA	30. USA		

9. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A
520 BRICKELL KEY DR
SUITE O-305
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

11. The agent of the corporation is a person who is not a resident of the State of Florida but does the above named corporation submit the statement for the purpose of obtaining a certificate of incorporation in the State of Florida? Check a change was submitted for this corporation's benefit for this. The entry is not the appointment of a registered agent.

12. ADDITIONAL

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: D VILHENA, SERGIO M ADDRESS: 100 N BISCAYNE BLVD SUITE 704 MIAMI FL 33132	1. NAME: ☐ ADD ☐
NAME: D VILHENA, KATHY L ADDRESS: 100 N BISCAYNE BLVD SUITE 704 MIAMI FL 33132	2. NAME: ☐ ADD ☐
NAME: ☐	3. NAME: ☐ ADD ☐
NAME: ☐	4. NAME: ☐ ADD ☐
NAME: ☐	5. NAME: ☐ ADD ☐
NAME: ☐	6. NAME: ☐ ADD ☐
NAME: ☐	7. NAME: ☐ ADD ☐
NAME: ☐	8. NAME: ☐ ADD ☐
NAME: ☐	9. NAME: ☐ ADD ☐
NAME: ☐	10. NAME: ☐ ADD ☐
NAME: ☐	11. NAME: ☐ ADD ☐
NAME: ☐	12. NAME: ☐ ADD ☐
NAME: ☐	13. NAME: ☐ ADD ☐
NAME: ☐	14. NAME: ☐ ADD ☐
NAME: ☐	15. NAME: ☐ ADD ☐
NAME: ☐	16. NAME: ☐ ADD ☐
NAME: ☐	17. NAME: ☐ ADD ☐
NAME: ☐	18. NAME: ☐ ADD ☐
NAME: ☐	19. NAME: ☐ ADD ☐
NAME: ☐	20. NAME: ☐ ADD ☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is not required, for the exemption stated in law to be the same as required by the law. I further certify that the information is not required to be submitted to the Department of State for the purpose of obtaining a certificate of incorporation in the State of Florida. I further certify that the information is not required to be submitted to the Department of State for the purpose of obtaining a certificate of incorporation in the State of Florida. I further certify that the information is not required to be submitted to the Department of State for the purpose of obtaining a certificate of incorporation in the State of Florida.

SIGNATURE: Kathy L. Vilhena

Kathy L. Vilhena

5/16/95

305-377-4000