

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 13 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000028821

1. Corporation Name

UNIHEALTH CORP.

800001540548
-07/18/95--01102--018
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
707 N.W. 57th AVE. 707 N.W. 57th AVE.
MIAMI, FL. 33126 MIAMI, FL. 33126

2. Principal Place of Business 2a. Mailing Address
21 26 P.O. Box 524371
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28 MIAMI FL
Zip Country Zip Country
24 25 29 33126-5271 30 U.S.

3. Date Incorporated or Qualified 3a. Date of Last Report
4/14/94
4. FEI Number Applied For
65-0486395 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSE PEDRO REDONDO
707 N.W. 57th AVE.
MIAMI, FL. 33126

10. Name and Address of New Registered Agent

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

Signature of individual or printed name of registered agent and the date

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME JOSE PEDRO REDONDO
STREET ADDRESS 9600 S.W. 102nd ST.
CITY - ST - ZIP MIAMI, FL. 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

JOSE P. REDONDO, PRES.

6/22/95 (305) 261-7788