

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000051795 (0)

1. Corporation Name

UNIMED BEST SERVICES CORP.

FILED
Mar 18, 1996 08:00 AM
Secretary of State



Principal Place of Business

13410 S.W. 50TH ST.
MIAMI FL 33175

Mailing Address

13410 S.W. 50TH ST.
MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21 13500 SW 88 ST

26 13500 SW 88 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 150

27 150

City & State

City & State

23 MIAMI

28 MIAMI

Zip

Country

Zip

Country

24 FL

25 33186

29 FL

30 33186

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

06/16/1995

4. FEI Number

65-0504251

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

EMILIO RIZO

82 Street Address (P.O. Box Number is Not Acceptable)

13500 SW 88 ST #150

83

84 City

MIAMI

FL

85 Zip Code

33186

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: *Emilio Rizo* Emilio Rizo

(NOTE: Registered Agent signature required when reinstating)

1/31/96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME RIZO, DAYAMI
STREET ADDRESS 13410 S.W. 50TH ST.
CITY-ST-ZIP MIAMI FL 33175

TITLE VD ☒ DELETE

NAME RIZO, EMILIO
STREET ADDRESS 13410 S.W. 50TH ST.
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P-VP-D ☒ Change ☐ Addition

1.2 NAME RIZO, EMILIO
1.3 STREET ADDRESS 13500 SW 88 ST #150
1.4 CITY-ST-ZIP MIAMI, FL. 33186

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

300001747713
-03/18/96--01102--036
***200.00

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Emilio Rizo* Emilio Rizo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 (205) 265-1166

Date Daytime Phone #

CR2E034 (12/95)

3-18-1996