FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000070958 (0)

UMANA GROUP CORPORATION

Principal Place	e of Business	_	Mailing Address			1 shortest us (Sist Sinu solls sour must	. Matts 188411 881	/# 18181 B110	.,
18908 SW 114 MIAMI FL 3315	18908 SW 114 AVENUE MIAMI FL 33157-7519				· #				
						3. Date Incorporated or Qualified 09/14/1995	3a. Date 05/01	of Last Re /1996	eport
•	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21	A alo	26 Cuito Ant # oto			 	65-0644788			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			
City & State	0	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00	
2 3 Zip	Country	28 Zip	Zip Country			Trust Fund Contribution L.J Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29 30				Florida Statutes Yes No			
	9. Name and Address of Curr					10. Name and Address of New Re	gistered Ag	ent	
DEL	RIO, NORMA U			81	Name				
	08 SW 114 AVENUE			82	Street Ad	Idress (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33157								
				83					
		•		84	City			65 Zip (Code
	Λ			ì	1			1	
11. Parsuant office or r	to the previsions of Sections 607.05 egistered age of or both, in the Sta	502 and 607,1508, Florida Statute of Florida. Such change was	ites, the a authorize	bove d by	the corpor	orporation submits this statement for the praction's board of directors. I hereby accept	urpose of cl of the appoir	ianging it itment as	s registered registered
	m tamular y / and accept the grown	Tilions of, Section 607.0505, h	iorida Sta	เมเคร	3.		2/21	100	
SIGNATURE	Signature, grouper printed game as gistered a	igent and title if applicable (NC	TE: Registere	d Ann	nt signature reg	quired when reinstating)	DATE	171_	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	IS IN 12
TITLE	6	☐ DELETE	1,1 To	TLE			L	Change	☐ Addition
NAME:	umana, jame b		1.2 N	AME					
STREET ADDRESS	18908 SW 114 AVENUE			1.3 STREET ADDRESS					
CDY-ST-ZP	MIAMI FL 33157		1.4 0	11Y-5	T-ZIP				
TITLE	D	☐ DELETE	2.1 (2.1 T(TLE			L] Change	Addition
NAME	DEL RIO, NORMA U	2.2		2.2 NAME					
STREET ADDRESS	12150 SW 184 STREET		2.3 STREET ADDRESS		ADDRESS	•			
CHTY - ST - 71P	MIAMI FL 33157	- Deces	***************************************		ST-ZIP			1 🔬	T 4 200
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RAME			3.2 N						
STREET ADORESS					ADDRESS				
CITY-ST 7IP TITLE		DELETE	3.4. (4.1 Ti		ST-ZIP		——	Change	Addition
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STREET AUDRESS (ADDRESS				
·					T-ZIP				
CHY-ST-Zur THLE				ITLE	1-21			Change	Addition
NAME			5.2 N		ľ		-	-	
STREET ADDRESS					ADDRESS				
CHTY - ST - ZIP			•	11Y-S					
1/1/16				61 TITLE			L	Change	Addition
NAME			6.2 N	AME	}				
STEELT ALDRESS			6.3 S	TREET	ADDRESS				
CHTY - S1 - ZIP	ı		64C	ITY-S	T- ZIP				
14. I do herel	by certify that the information suppl	lied with this filing does not qua	lify for the	exe	mption stat	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same lega	s. I further o	ertify that	the
l ám ao o		or the receiver or trustee empo or on an abachment with an ac		ayul exec	eute this rep	oort as required by Chapter 607, Florida S	tatutes; and	that my r	name