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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716591** (3)
 Corporation Name
LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF FLORIDA, INC.



Principal Place of Business 0000 S.W. 8TH ST. #200 MIAMI FL 33134	Mailing Address 0000 S.W. 8TH ST. #200 MIAMI FL 33134
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2. Principal Place of Business 21 7870 N.W. 36 ST Suite, Apt. #, etc. 22 220-I City & State 23 MIAMI FL Zip 24 33166 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 05/21/1969
4. FEI Number 59-1545691
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GALLINAR, PEDRO M 1432 W 49 ST HALEAH FL 33012

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **3/30/98**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DIAZ, RODOLFO V
STREET ADDRESS	3860 SW 8 ST #200
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	TORRES, OCTAVIO
STREET ADDRESS	4375 PALM AVE
CITY-ST-ZIP	HALEAH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, LORETTA
STREET ADDRESS	1441 W. FLAGLER ST
CITY-ST-ZIP	MIAMI FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BARRIOS, PAUL
STREET ADDRESS	18314 NW 7 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BRUZON, CARLOS
STREET ADDRESS	1432 W 49 ST
CITY-ST-ZIP	HALEAH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUZON, CARLOS
1.3 STREET ADDRESS	1432 W. 49 ST
1.4 CITY-ST-ZIP	HALEAH FL 33012
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JENNY CORREA
2.3 STREET ADDRESS	7870 N.W. 36 ST #220I
2.4 CITY-ST-ZIP	MIAMI FL 33166
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OCTAVIO TORRES
3.3 STREET ADDRESS	4375 PALM AVE
3.4 CITY-ST-ZIP	HALEAH FL 33010
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANGEL SARDINAS
4.3 STREET ADDRESS	1432 W. 49 ST
4.4 CITY-ST-ZIP	HALEAH FL 33012
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAUL BARRIOS
5.3 STREET ADDRESS	18314 N.W. 7 AV.
5.4 CITY-ST-ZIP	MIAMI FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/30/98 305821-2777**

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