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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	**	DE CORPORATIONS				
1. Corporation	MENT # F94278 R INSURANCE AGENCY INC			<b>                                    </b>			
Principal Place	of Business	Mailing Address		I IDBAHBB BHG IBHU AIBU AIBH BB			
3785 N.W. 82		3785 N.W. 82 AVENI	lF.				
SUITE #201		SUITE #201					
MIAMI FL 33	1166	MIAMI FL 33166		3. Date Incorporated or Qualified 08/11/1982	1	of Last Rep 1/30/199	r · ·
_ `	ace of Business	2a. Mailing Address		4. FEI Number		<b>⊢</b>	polied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-2217283			ot Applicable Additional
2	.,	27		5. Certificate of Status Desired			equired
City & State	е	City & State		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 4	Country 25	Ζιρ <b>29</b>	Country 30	<del>"_</del>	s 🔲 No		199.032,
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New	Registered /	Agent	
MADOU	EZ, JOSE M			(0,0 D- 1)		<del></del>	
	LEJEUNE RD. #400		82 Street Ad	dress (P.O. Box Number is Not Accepta	ible)		
	L 33126		83		<del></del>		
			84 City			<b>85</b> Zip	Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Stat	utes, the above named core	oral on submits this statement for the pu	FL	inging its re	aistered office
or register	red agent, or both, in the State of Florid	da. Such change was autho	rized by the corporation's no	- I - I - I - I - I - I - I - I - I - I	anticoco o como	registered s	enent Lam
		on 607 0505. Élorida Statut	ne	ard or directors, i hereby accept the app	JOHUHEHLAS	rogistored e	agent. Fan
	th, and accept the obligations of, Section	on 607.0505, Florida Statut	es	ard of directors. Thereby accept the app	JOHUHEHLAS	rogistorea e	agent. I am
SIGNATURE ,	Signature typed or printed harne of registered agent a	and title if applicable.	NOTE: Flegistered Agent signature incir.	करा स्व हरा कि वस्ते लिहें	DA <sup>7</sup> t		
SIGNATURE ,	Signature, typed or printed han e of registered agricular OFFICERS AND	and title if applicable.			DA <sup>T</sup> E FICERS AND		
Signature , 12. Iitle	Signature typed or printed harne of registered agent a	and title if a <sub>ll t</sub> ile, at 4.	NOTE: Registered Agent signature near	करा स्व हरा कि वस्ते लिहें	DA <sup>T</sup> E FICERS AND	DIRECTOR	
BIGNATURE I <b>12.</b> ITLE HAME	Signature typed or purified han a of registered agrirl a OFFICERS AND PD VALDES, DANIEL R 9755 SW 62 ST	and title if a <sub>ll t</sub> ile, at 4.	NÖTE. Registered Agent signature from  13. 1 1 TITLE	करा स्व हरा कि वस्ते लिहें	DA <sup>T</sup> E FICERS AND	DIRECTOR	
SIGNATURE ,  12.  IITLE  NAME  STREET ADDRESS  DITY-ST-7IP	Signature typed or purified name of registered against OFFICERS AND PD VALDES, DANIEL R 9755 SW 62 ST MIAMI FL	and lifte if agails, at 44	13. 1 1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1.4 CHY-SI-ZIP	करा स्व हरा कि वस्ते लिहें	DATE FICERS AND [	DIRECTOR Criange	RS IN 12
SIGNATURE	Signature typed or purified name of registered against OFFICERS AND PD VALDES, DANIEL R 9755 SW 62 ST MIAMI FL VD	and title if a <sub>ll t</sub> ile, at 4.	13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CHY-ST-ZIP  2.1 TITLE	करा स्व हरा कि वस्ते लिहें	DATE FICERS AND [	DIRECTOR	RS IN 12
SIGNATURE  12.  IIITLE  NAME  STREET AODRESS  DITY-ST-7IP  IITLE  NAME	Signature typed or pirted han a of registered aguing OFFICERS AND PD VALDES, DANIEL R 9755 SW 62 ST MIAMI FL VD HERRAN, MANUEL A	and lifte if agails, at 44	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-2IF 2 1 TITLE 2 2 NAME	करा स्व हरा कि वस्ते लिहें	DATE FICERS AND [	DIRECTOR Criange	RS IN 12
SIGNATURE  12.  IIITE  NAME  STREET ADDRESS  DITY-ST-ZIP  UILE  NAME  STREET ADDRESS	Styruture typed or printed haries of registered agrint of PD VALDES, DANIEL R 9755 SW 62 ST MIAMI FL VD HERRAN, MANUEL A 8460 SW 5 ST	and lifte if agails, at 44	13. 1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1.4 City St- 2iP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS	करा स्व हरा कि वस्ते लिहें	DATE FICERS AND [	DIRECTOR Criange	RS IN 12
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IZ.  ITLE  IMME  STREET ADDRESS  OTY-ST-ZIP  ITLE  IAME  STREET ADDRESS  OTY-ST-ZIP  ITLE  IAME  ITLE  IAME  IAME  IAME  IAME  IAME  IAME	Signature typed or partied han a of registered against OFFICERS AND PD VALDES, DANIEL R 9755 SW 62 ST MIAMI FL VD HERRAN, MANUEL A 8460 SW 5 ST MIAMI FL TD GUERRA, ARMANDO J 8450 SW 48TH ST	and life if again, all 4.       D DIRECTORS   DELETE   DELETE   DELETE	13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY ST- ZIP  2 1 TITLE  2 NAME  2 3 STREET ADDRESS  2.4 CITY ST- ZIP  3 1 TITLE	करा स्व हरा कि वस्तेवर्ष	DA <sup>T</sup> E FICERS AND [	DIRECTOR  Change  Change	RS IN 12 Addition Addition
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Miguel R. Fernandez - Secretary 04-01-95