## FILE NOW: FILING FEE AFTER MAY 1 IS \$2

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT. 00

Sandra B. Mor Secretary of 5 STATE

DIVISION OF CORPU

1996

DOCU 1. Corporation	MENT # <b>G824</b> !	55 (8)	1	IONS					
	AIRAS INSURANCE AGENC	` '							
Principa! Piao	e of Business	Mailing Address			I IABINYA DADA IANIA MAKI AMBIN AMBIN	i Biju Bibio bubii	Arahi eta	<b>                                    </b>	JI .
C/O GRISELLE A. ABELAIRAS 10520 W. FLAGLER ST. MIAMI FL 33174		C/O GRISELLE A. ABELAIRA 10520 W. FLAGLER ST. MIAMI FL 33174							
2. Principal P	lace of Business	2a. Mailing Address	<u></u>		3. Date Incorporated or Qualified 12/08/1983	3a. Date o	f Last F	•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2363521			Applied For	
City & Stat	e	City & State			5. Certificate of Status Desired		\$8.7	Not Applical  Additional	
<b>23</b> Zip	Country	<b>28</b> Zip		- <del></del> -	6. Election Campaign Financing	<u> </u>		Required May Be	
24	25 25 C. Name and Address of C.	29	30	-	Trust Fund Contribution		Adde	d to Fees	
····	9. Name and Address of Curren	t Registered Agent	itry		8. This corporation has liability for in Florida Statutes  Yes	ntangible tax ι ΠΝο	under s	199.032,	
ABELAI	RAS, GRISELLE A.				10. Name and Address of New Re		ent		
	W. FLAGLER ST.		81	Name			·····		
MIAMI I	FL 33174		82	Street Add	dress (P.O. Box Number is Not Acceptable	9)		<del></del>	$\dashv$
			83	· · · · · · · · · · · · · · · · · · ·					
11. Pursuant t	to the provisions of Sections 607.0502								
or register	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 607,1508, Florida Statuti la. Such change was authoriz	es, the <b>64</b> ; ed by t	City		FL	85 Zij	Code	一
SIGNATURE	on, and accept the obligations of, Secti	on 607.0505, Florida Statutes	VH-F	named corpo	pration submits this statement for the purp		ing its r	egistered off	ice
	Signature, typed or printed name of registerent agent.	ar o the it applicable. (NO	orpi në Rëgit	oration's boa	ard of directors. I hereby accept the appoi	ntment as rec	gistered	agent. I am	
12.	OFFICERS AND								
NAME.	ABELAIRAS, GRISELLE A.	☐ DELETE	Agen	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SEDO AND DU	DECTO	DO INI 40	
STREET ADDRESS	10214 SW 1 ST		TLE		ADDITIONS/CHANGES TO OFFIC		Change	RS IN 12	
CITY-ST-ZIP	MIAMI FL		iME	- 1		U \	Mungo	☐ ×comm	- 1
TITLE	D	DELETE	-REET	ADDRESS					
NAM:	ABELAIRAS, GRISELLE A.	<u></u>	<u>I</u> Y-S!	r- ZIP					
STHEET ADDRESS	10214 SW 1 ST		TLE				hange	☐ Addition	
CHTY - ST - ZIP	MIAMI FL		, vME						
TI'LE	VP	☐ DELETE	-REET	ADDRESS					
NAME:	ABELAIRAS, ARIEL J		<u> 17 - 51</u>	- 71P					
S1REEL ADDRESS	10214 ST 1 ST		TLE				hange	Addition	
CHY-ST ZIP	MIAMI FL		<b>M</b> E						
ll'uf		☐ DELETE		ADDRESS					
NAME			TY-ST	- 2IP					_
STREET ADDRESS			TLE Mc			c	hange	☐ Addition	
Dily-St-ZIP			··ME	rinnerec					
NAME		☐ DELETE		EDRESS					
STREET ADDRESS			TY-ST	- 211			hange	f Adams	
OTY-SI-ZIF			ME			□ c	កចម្រម	☐ Addition	
II.E		DELFTE	<b>1</b> !	Cidress	•				
JAME		C) percut	Y-ST	ł					
TREET ADDRESS			ILE			ПС	hance	Addition	$\dashv$

GIRLSELLE A. ABELOITES ABElairas

GITY ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished certify that the information indicated on this annual report or supplemental annual report or application or the receiver or trustee emplangements and the property of the corporation or the receiver or trustee emplangements in Block 12 or Block 13 if changed, or on an attachment with an archiess.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information supplied with this filing is voluntarily furnished certify that the information indicated on this annual report of the certification indicated on this annual report of the certificat

(305) 223-0448