

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # G82455 (8)

1. Corporation Name
ABELAIRAS INSURANCE AGENCY INC.

Principal Place of Business
C/O GRISELLE A. ABELAIRAS
10620 W. FLAGLER ST.
MIAMI FL 33174

Mailing Address
C/O GRISELLE A. ABELAIRAS
10520 W. FLAGLER ST.
MIAMI FL 33174



21	2. Principal Place of Business	2a.	Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3.	Date Incorporated or Qualified 12/08/1983	3a.	Date of Last Report 03/17/1995
4.	FBI Number 59-2363521	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5.	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
8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
ABELAIRAS, GRISELLE A.
10520 W. FLAGLER ST.
MIAMI FL 33174

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

10. Name and Address of New Registered Agent

11. I do hereby certify that the information supplied with this filing is voluntarily furnished for the purpose of changing its registered office or incorporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE
Signature, typed or printed name of registered agent, or officer if applicable. (NOTE: Page 2)

12. OFFICERS AND DIRECTORS		Agent signature required when reinstating!	
TITLE	PS	NAME	DATE
NAME	ABELAIRAS, GRISELLE A.	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	10214 SW 1 ST	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	D	NAME	DATE
NAME	ABELAIRAS, GRISELLE A.	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	10214 SW 1 ST	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	VP	NAME	DATE
NAME	ABELAIRAS, ARIEL J	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	10214 ST 1 ST	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		NAME	DATE
NAME		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		NAME	DATE
NAME		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished for the purpose of changing its registered office or incorporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE:
Griselle A. Abelairas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished for the purpose of changing its registered office or incorporation's board of directors. I hereby accept the appointment as registered agent. I am

3/6/96 (305) 223-0448

CFR2034 (12/95)