

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90122 018 ***158.75

DOCUMENT # M06982

1. Corporation Name

MULTIPLE INSURANCE COVERAGES, INC.

Principal Place of Business

~~8700 SW 8TH STREET~~
~~MIAMI FL 33174~~

Mailing Address

~~8700 SW 8TH STREET~~
~~MIAMI FL 33174~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1984

4. FEI Number

59-2466378

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 8772 SW 8 STREET

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33174

Country

25 USA

2a. Mailing Address

26 8772 S.W. 8 STREET

Suite, Apt. #, etc.

27

City & State

28 Miami Florida

Zip

29 33174

Country

30 USA

9. Name and Address of Current Registered Agent

PARDO, LAURINDO R.

~~8700 SW 8TH ST~~

MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8772 SW 8 STREET

83

84 City Miami

FL

85 Zip Code
33174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME PARDO, LAURINDO R.

STREET ADDRESS ~~8700 SW 8TH ST #6~~

CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME PARDO, MILAGROS B.

STREET ADDRESS ~~8700 SW 8TH ST #6~~

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8772 SW 8 STREET

1.4 CITY-ST-ZIP Miami FLORIDA 33174

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8772 SW 8 STREET

2.4 CITY-ST-ZIP Miami FL 33174

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)

0274841