May 10, 1999 8:00 am Secretary of State

05-10-1999 90288 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M23135

1. Corporation Name

SOUTH	PACIFIC INSURANCE AGEN	ICY, INC.				
					illin firm element of the	
Principal Place	e of Business	Mailing Address				
385 W. 49TH STREET HIALEAH FL 33012 385 W. 49TH STREET HIALEAH FL 33012				DO NOT WRITE IN	TUIC COACE	
				3. Date Incorporated or Qualifed	THIS SPACE	
				11/08/1985		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	App	lied For
21		26		59-2639241	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27			Fee Red	quirea
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	,
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible	
24	25	29 30	0	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	ered Agent	
			81 Name	TDATMIC CUENCA		
	ERO, GEORGE		82 Street Ad	IDALMIS CUENCA Idress (P.O. Box Number is Not Acceptable)		_
385 W. 49TH STREET		02 0000	8828 N.W. 110th STREET			
HIAL	EAH FL 33012		83			
			84 City		85 Zip C	ode
				HIALEAH	FL 3301	L2
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes,	, the above-named co	orporation submits this statement for the purpo-	se of changing its reconstruction	registered
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of A namiliar with, and accept the obligat	of Florida. Such change was auฑ	iorized by the corpora	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the a	se of changing its reproperties to a second reproperties to the second reproperties the second reproperties to the second reproperties the second reproperties to the second reproperties the second r	registered iistered
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

___ Addition