2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90025 048 ***158.75

MOORE CR2E034 (11/03)

DOCUMENT # P02000018017

1. Entity Name

INTERAMERICAN INSURANCE BROKERS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
5300 NW 33RD AVENUE, SUITE 119 FORT LAUDERDALE FL 33309	5300 NW 33RD AVENUE, SUITE 119 FORT LAUDERDALE FL 33309

2. Principal Place of Business	3. Mailing Address
6210 N. Federal Hwy	6210 N. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. FT Lauderdale, Fl
City & State: FT Lauderdale, FL	City & State
Zip: 33308 Country:	Zip: 33308. Country:

4. FEI Number 54-2080778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIR, HECTOR J 2655 LE JEUNE RD., SUITE 1107 MIAMI FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICENTINI, LUIS JOSE 5300 NW 33RD AVENUE, SUITE 119 FORT LAUDERDALE FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 6210 N. Federal Hwy FT Lauderdale Fl 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FUCHSSTEINER, HANS 5300 NW 33RD AVE., SUITE 119 FORT LAUDERDALE FL 33309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 03-01-2004 954-677 0787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #