

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT STATE Sandra B. Mori Secretary of E DIVISION OF CORPORATIONS

DOCUMENT # P93000008289 (9)

1. Corporation Name ALL-INSURED INSURANCE AGENCY, INC.



Principal Place of Business 733 NE 167TH STREET NORTH MIAMI BEACH FL 33162 Mailing Address 733 NE 167TH STREET NORTH MIAMI BEACH FL 331

2. Principal Place of Business 21-25, 2a. Mailing Address 26-30, 3. Date Incorporated or Qualified 02/02/1993, 3a. Date of Last Report 11/06/1995, 4. FEI Number 65-0435280, 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent DEL VALLE, JUAN JR. 1921 NW 33RD STREET MIAMI FL 33125 10. Name and Address of New Registered Agent 81 Name, 82 Street Address, 83, 84 City, FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the pre-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)

Table with 2 main columns: OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certifies not qualify for the exemption stated in Section 119.07(3)(k), 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 any attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-96 Date 305-652-3537 Disting. Phone #

CR2E034 (12/95)