

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056064 (7)

1. Corporation Name

**AMERICAN ALLIANCE INSURANCE & FINANCIAL SERVICES
, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 6741 S.W. 24TH ST. STE. #55 MIAMI FL 33165	Mailing Address 6741 S.W. 24TH ST. STE. #55 MIAMI FL 33165
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3. Date Incorporated or Qualified 08/10/1993	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0428384	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 22	City & State 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MARTINEZ, PLACIDO 8470 S.W. 83RD ST. MIAMI FL 33143		10. Name and Address of New Registered Agent		
		81 Name PLACIDO MARTINEZ		
		82 Street Address (P.O. Box Number is Not Acceptable) 8470 SW 83 ST		
		83		
		84 City MIAMI	FL	85 Zip Code 33143

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 Placido Martinez **PLACIDO MARTINEZ TRUST. SEC. 4-20-95**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	MARTINEZ, MARY V	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8470 S.W. 83RD ST.	1.2 NAME MARY V. MARTINEZ	
STREET ADDRESS	MIAMI FL 33143	1.3 STREET ADDRESS 8470 SW 83 ST	
CITY - ST - ZIP		1.4 CITY - ST - ZIP MIAMI, FLA. 33143	
TITLE TS	MARTINEZ, PACIDO L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8470 S.W. 83RD ST.	2.2 NAME	
STREET ADDRESS	MIAMI FL 33143	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, checked, on an attachment with an address.

SIGNATURE: Placido Martinez **4/20/95 (305) 264-5161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone)