

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

**FILED**  
**Jun 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P93000056064 (7)**  
 1. Corporation Name  
**AMERICAN ALLIANCE INSURANCE & FINANCIAL SERVICES, INC.**



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **8585 SUNSET DR.**  
 Suite, Apt. #, etc.  
 22 **SUITE 130**  
 City & State  
 23 **MIAMI, FL. 33143**  
 Zip Country  
 24 **33143** 25 **DADE**

2a. Mailing Address  
 26 **8470 SW 83 ST**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **MIAMI, FL.**  
 Zip Country  
 29 **33143** 30 **DADE**

3. Date Incorporated or Qualified  
**08/10/1993**

4. FEI Number **65-0428384** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MARTINEZ, PLACIDO**  
**8470 SW 83RD STREET**  
**MIAMI FL 33143**

10. Name and Address of New Registered Agent  
 81 Name **PLACIDO L. MARTINEZ**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8585 SUNSET DR. SUITE 130**  
 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: *[Signature]* DATE: **4-24-98**

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, PACIDO L	
STREET ADDRESS	8470 S.W. 83RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, DAVID M	
STREET ADDRESS	9625 SW 45 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MELISSA MARTINEZ	
1.3 STREET ADDRESS	8585 SUNSET DR. STE. 130	
1.4 CITY-ST-ZIP	MIAMI, FL. 33143	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PLACIDO L. MARTINEZ	
2.3 STREET ADDRESS	8585 SUNSET DR. STE 130	
2.4 CITY-ST-ZIP	MIAMI, FL. 33143	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-24-98** (001) 271-5598

CR2E034 (10/97)