


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90005 048 \*\*\*558.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000056064**

1. Corporation Name  
**AMERIFIRST INSURANCE GROUP, INC.**



Principal Place of Business 8585 SUNSET DR SUITE 130 MIAMI FL 33143	Mailing Address 8470 SW 83 ST MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9999 SUNSET DR.</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>SUITE 201</b>	Suite, Apt. #, etc. 27
City & State 23 <b>MIAMI, FL.</b>	City & State 28
Zip 24 <b>33174</b>	Country 25 <b>DADE</b>
Zip 29	Country 30

3. Date Incorporated or Qualified <b>08/10/1993</b>	
4. FEI Number <b>65-0428384</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTINEZ, PLACIDO L**  
 8585 SUNSET DR  
 SUITE 130  
 MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name	<b>PLACIDO L. MARTINEZ</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8585 SUNSET DR.</b>
83	<b>SUITE 130</b>
84 City	<b>MIAMI</b>
85 State	<b>FL</b>
Zip Code	<b>33143</b>

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* (NOTE: Registered Agent signature required when reinstating) DATE **7-19-99**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, MELISSA</b>	
STREET ADDRESS	<b>8585 SUNSET DR., SUITE 130</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, PLACIDO L</b>	
STREET ADDRESS	<b>8585 SUNSET DR., SUITE 130</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 on an attachment with an address.

SIGNATURE: *Melissa Martinez* DATE: **7-19-99** (305) 271-5594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (5/99)