

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra U. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000040935 (6)**

1. Corporation Name

**RECLAMA INSURANCE, INC.**

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 3:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**C/O SEGUNDO R. PEREZ  
1250 WEST AVE., SUITE 1-J 3703 SW 15th St  
MIAMI BEACH FL 33139 Coral Gables Fl. 35130**  
**C/O SEGUNDO R. PEREZ  
1250 WEST AVE., SUITE 1-J 3703 SW 15th St.  
MIAMI BEACH FL 33139 Coral Gables Fl.**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Same as above 26 Same as above  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Same as above 27 Same as above  
City & State City & State  
23 Same as above 28 Same as above  
Zip Country Zip Country  
24 Same as above 25 Dade 29 Same as above 30 Dade

3. Date Incorporated or Qualified **05/26/1994** 3a. Date of Last Report 1st Report  
4. FEI Number  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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PEREZ, SEGUNDO R  
SUITE 1-J  
1250 WEST AVE., SUITE 1-J  
MIAMI BEACH FL 33139**  
3703 SW 15th St  
Coral Gables Fl.

10. Name and Address of New Registered Agent  
81 Name Same as before  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 this 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 607.0508, Florida Statutes.

SIGNATURE [Signature] DATE 4/29/95  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **PEREZ, SEGUNDO R**  
STREET ADDRESS **1250 WEST AVE., SUITE 1-J**  
CITY - ST - ZIP **MIAMI BEACH FL 33139**  
3703 SW 15th St  
Coral Gables Fl

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my director certifies that I am an officer or director of the corporation or the corporation's 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: [Signature] DATE 4/29/95 305 4467319  
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR