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FILED
Feb 03 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 # P96000032231 (8)

1. Corporation Name

BLAMAR INSURANCE AGENCY INC.



Principal Place of Business

Mailing Address

141 S.W. 57 AVE.
MIAMI FL 33144

141 S.W. 57 AVE.
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

65-0657323

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

GONZALEZ, HECTOR
8421 S.W. 4 ST.
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

YAMILETH GALAN

82

Street Address (P.O. Box Number is Not Acceptable)

83

45 S.W. 64 AVENUE

84

City MIAMI

FL

85 Zip Code

33144

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, by the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GONZALEZ, HECTOR
STREET ADDRESS 8421 S.W. 4 ST.
CITY-ST-ZIP MIAMI FL 33144 ☒ DELETE

TITLE VP
NAME FERNANDEZ, ROSA M
STREET ADDRESS 8456 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33144 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME YAMILETH GALAN
1.3 STREET ADDRESS 45 S.W. 64 AVENUE
1.4 CITY-ST-ZIP MIAMI-FLORIDA-33144

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME PETER BATDOR
2.3 STREET ADDRESS 920 S.W. 94 AVENUE
2.4 CITY-ST-ZIP MIAMI-FLORIDA-33174

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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; that 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, in an attachment with an address.

SIGNATURE

1-21-1998 (305)265-2327

CR2E034 (10/97)