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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097075 (1)

	n Name		(' /			1		
AICI	NSURANCE INC.					<u> </u>		
Colorinal Disease	-4 Produces	Mailing Addrops				-	98 710 1918 1994 98 78 191	
Principal Place of Business Mailing Address								
10300 SUNSET DRIVE 10300 SUNSET DRIVE STE 235								
SIE 235 51E 235 MIAMI FL 33173 MIAMI FL 33173						DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
						11/25/1996		
2. Principal Pl	ace of Business	2a. Mailing Addres	s			4. FEI Number	A	plied For
21		26				65-0715038	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired	□ \$8.75 <i>/</i>	
22		27				C. Commune C. Claras Bookes	Fee Re	berlupe
City & State	Э	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zφ	<u> </u>	untry		8. This corporation owes or has paid		
24	[25]	29	30			Personal Property Tax due June 30		No
	9. Name and Address of Curre	nt Registered Agent		81 1		10. Name and Address of New Regis	stered Agent	
	Brera, Isabel L			ן יישן י	Name			
103	300 SUNSET DRIVE			82 8	treet Addre	ess (P.O. Box Number is Not Acceptable	·)	
ST	E 235							
MI	AMI FL 33173			83				
				84 (City		85 Zip	Code
				1 1	-			
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508, Florida	Statutes, the	above-n	amed corpo	oration submits this statement for the pur on's board of directors. I hereby accept t	rpose of changing it	s registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.05	05, Florida Sta	atutes.	io corporati	on a boding of directors. Thereby accept	ию аррожимом до	100,010,00
SIGNATURE								
	Signature, typed or printed name of registered a				ignature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	OC (N) 42
12.	OFFICERS A	ND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICE		
TITLE	Ρ	1 1 1/1/17	:16 🗱 1,1	TITLE				
	NAME CABRERA, ISABEL I						☐ Change	Addition
		_	1.21	NAME			□ Criange	
STREET ADDRESS	10300 SUNSET DRIVE STE	_	1.21 1.35	STREET AD			□ crange	L) ADDITION
CITY-ST-ZIP	10300 SUNSET DRIVE STE MIAMI FL	235	1.21 1.33 1.41	STREET AD		182-19-1		
CITY-ST-ZIP TITLE	10300 SUNSET DRIVE STE MIAMI FL V	_	1.21 1.33 1.40 TE 2.11	STREET AD CITY-ST-2 TITLE			☐ Change	Addition
CITY+ST-ZIP TITLE NAME	10300 SUNSET DRIVE STE MIAMI FL V CABRERA, ARIEL	235 DELE	1.20 1.33 1.40 TE 2.11 2.21	STREET AD CITY - ST - 2 TITLE NAME	<u>riP</u>			
CITY-ST-ZIP TITLE	10300 SUNSET DRIVE STE MIAMI FL V CABRERA, ARIEL 10300 SUNSET DRIVE STE	235 DELE	1.21 1.33 1.40 ETE 2.1 2.21 2.33	STREET AD CITY-ST-2 TITLE NAME STREET AD	DRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10300 SUNSET DRIVE STE MIAMI FL V CABRERA, ARIEL	235 ■ DELE 235	1.21 1.33 1.41 2.11 2.21 2.33 2.4	STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST-	DRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	10300 SUNSET DRIVE STE MIAMI FL V CABRERA, ARIEL 10300 SUNSET DRIVE STE	235 DELE	1.21 1.33 1.41 2.11 2.24 2.33 2.4 ETE 3.1	STREET AD CITY-ST-2 TITLE NAME STREET AD CITY-ST- TITLE	DRESS			
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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.

(305) 273-0031

FILED

Mar 04 1998 8:00am

Secretary of State