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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY - ST - ZIP

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019048 (2)

LATINO INSURANCE AGENCY, INC.

5						8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address						
8644 49TH STREET NORTH 8644 49TH STREET NORTH						
PINELLAS PA	IRK FL 34666	PINELLAS PARK FL 34668		DO NOT WRITE IN THIS SPACE		
•					3. Date incorporated or Qualified	
<u> </u>					02/28/1997	`
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21	26				59-3429972	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					27-27-4776	CO 75
22 27					Certificate of Status Desired	Fee Regulred
City & State City & State				6. Election Campaign Financing		
28					Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Coun	trv	8. This corporation owes or has p	
24	25	29 30		,	Personal Property Tax due Jur	
	g. Name and Address of Current		1301		10. Name and Address of New F	
AL	IERILAWYER CHARTERED	······································	- E	Name		
343 ALMERIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
				Street Add	Iress (P.O. Box Number is Not Accepta	able)
"	PRAL GABLES FL 33134		-	33	odd addes street	North
			"	~		
ŀ			E	City D	. 0	B5 Zip Code
<u></u>		· · · · · · · · · · · · · · · · · · ·	L		allas Yark	
11. Pursuant	to the provisions of Sections 607 0502 registered agent, or both, in the State of	and 607.1508, Florida Stat if Florida. Such change wa	utes, the abo s authorized	enamed corpora	poration submits this statement for the	purpose of changing its registered
agent ta	registered agent, or both, in the State of irn familiar with, and accept the obligat	ions of	Florida Statut	les.	1011	110
SIGNATURE	Signature, typed in printed runne of infaltered agent	· Tentra			\mathcal{G}	20/98
				agent signature requi	red when reinstating)	DÂTE
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	PSD	☐ DELETE	1.1 TITLE			Change Addition
NAME	LEYVA, NANCY C		1.2 NAM	IE		
STREET ADDRESS	8644 49TH STREET NORTH		1.3 STAF	EET ADORESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666		1.4 CITY	'- ST- ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	Ε		Change Addition
NAME	Luis, ireno		2.2 NAM	łE.		
STREET ADDRESS	8644 49TH STREET NORTH		2.3 STRE	EET ADDRESS		
CITY+ST-ZIP	PINELLAS PARK FL 34666		2. 4 CID	Y-ST-ZIP		
TITLE	TD	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	BORRAS, LILIANA F		3.2 NAM	ie		-
STREET ADDRESS	8644 49TH STREET NORTH			EET ADDRESS		J
CITY-ST-ZIP	PINELLAS PARK FL 34666			Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				EET ADDRESS		
			1			
CITY-ST-ZIP TITLE		DELETE		-ST-ZIP		Change Addition
		C OCCUR	5.1 TITLE	i		L Charge L Audition
NAME			5.2 NAM	- 1		
STREET ADDRESS			5 3 STRE	EET ADDRESS		
CITY-ST-ZIP		—		-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE	۽ ا		Change Addition
NAME			6.2 NAM	.E		
STREET ADDRESS			6.3 STRE	EET ADDRESS		

14. Thereby 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?)