

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

**FILED**

**May 05 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 # P97000051541 (5)**

1. Corporation Name  
**SEGUROS LA PREVISORA, INC.**



Principal Place of Business: **200 S. BISCAYNE BLVD., STE. 4874 MIAMI FL 33131**  
Mailing Address: **200 S. BISCAYNE BLVD., STE. 4874 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1997**  
4. FEI Number: **65-0765515**  
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

2. Principal Place of Business: **780 NW LeJeune Rd. Suite, Apt. #, etc. 619 MIAMI, Florida 33126 USA**  
2a. Mailing Address: **780 NW LeJeune Rd. Suite, Apt. #, etc. 619 MIAMI, Florida 33126 USA**

9. Name and Address of Current Registered Agent: **PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD., STE. 4874 MIAMI FL 33131**  
10. Name and Address of New Registered Agent: **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 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 607.0805, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAUBACH, ALONSO M</b>	1.2 NAME	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD., STE. 4874</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANGEL, IVAN D</b>	2.2 NAME	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD., STE. 4874</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, AQUILES T</b>	3.2 NAME	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD., STE. 4874</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

CR2E034 (10/97)

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