FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

APPROVED AND FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92328 (1)

1. Corporate Name
ORTIZ INSURANCE AGENCY, INC.

Principal Place of Business
9380 SW 72ND ST
B-150
MIAMI FL 33173
US

Mailing Address
P.O. BOX 631927
MIAMI FL 33283
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9380 SW 72 St
Suite, Apt. # or Bldg.
22 B-210
City & State
23 Mia. Fl
24 33173 25 DADE

2a. Mailing Address
26 Same
Suite, Apt. # or Bldg.
27
City & State
28
29 30

3. Date Incorporated or Qualified: 11/06/1991
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0288540 — 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. Corporation formerly an exempt entity under S. 501(c), Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
ORTIZ, VICTOR
9380 S.W. 72 STREET
B-150
MIAMI FL 33173

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

11. Pursuant to the provisions of Section 607.0505, 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. The corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

P.	D President ORTIZ, VICTOR 7440 SW 100 CT. MIAMI FL
V.P	D V.P. ORTIZ, SUSANA 7440 SW 100 CT. MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

President Ortiz, Victor 7440 SW. 100ct Mia. FL	[ ] Change [ ] Add
Vice-President Otiz-Susana 7440 SW 100 ct Mia. Fl	[ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that, my signature shall serve as my resignation from office in accordance with Section 607.0901, Florida Statutes, effective upon the date this report is filed with the Department of State. I hereby resign my position as registered agent effective upon the date this report is filed with the Department of State.

SIGNATURE: [signature] 4-19-95 305-271-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0432424 FP