

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M04992** (7)

1. Corporation Name

S.G. & ASSOCIATES INSURANCE BROKERS, INC.



Principal Place of Business

Mailing Address

**C/O SERGIO GONZALEZ
7840 CORAL WAY
MIAMI FL 33155**

**C/O SERGIO GONZALEZ
7840 CORAL WAY
MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21 State, Apr. #, etc.

26 State, Apr. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

**GONZALEZ, SERGIO
7840 CORAL WAY
MIAMI FL 33155**

3. Date Incorporated or Qualified

09/11/1984

3a. Date of Last Report

04/12/1995

4. FET Number

59-2445752

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 Sections 607.061, 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 607.061, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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**PTD
GONZALEZ, SERGIO
7840 CORAL WAY
MIAMI FL
VSD
MARABOTTO, ANA MARIA
19741 NW 57TH CT.
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
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14. I, the undersigned, certify that the information supplied with this filing is voluntary, furnished and I do not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information furnished on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 or changes to an officer or director with an address.

SIGNATURE: **ANA MARIA MARABOTTO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 305 264 8663
DATE OF FILING

CR2E034 (12/95)