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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600008451 (2)

A AGENCY INSURANCE, INC.

Principal Place of Business

Mailing Address

## FILED Apr 28 1998 8:00am Secretary of State



12538 NORTH MIAMI FL 331	KENDALL DRIVE 86	12538 NORTH KENDALL DRIVE MIAMI FL 33186			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
					01/26/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For	
21 10661 1	N. KENDALL DR.	26 10661 N. KEN	708M	<b>R.</b>	65-0641449	Not	Applicable	
Suite, Apt. 22 SUITE		Suite, Apl. #, etc. 7 SUITE 100			5. Certificate of Status Desired	SR 75 Additional		
City & State		City & State			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 33176	Country U.ŞA	Zip 29 33176	Country	۶. <b>۸</b> .	8. This corporation owes or has paid the curre Personal Property Tax due June 30.		ngible No	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered A	gent		
PAS	REDES, ENRIQUES P		Name					
9255 <b>SW</b> 125TH AVE				Street /	Address (P.O. Box Number is Not Acceptable)			
#R-209 MIAMI FL 33186							-	
			84	City	FL	<b>85</b> Zip C	ode	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named	corneration submits this statement for the number of a	hangina 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 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-installing)  DATE								
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	PAREDES, ENRIQUE P				PAREDES, ENRIQUE P. 10661 N. KENDALL DR., SUITE 10	_		
STREET ADDRESS	ET ADDRESS 12556 NORTH KENDALL DRIVE			ADDRESS	10661 N. KENDALL DR., SUITE 10	0		
CITY-ST-ZIP	MIAMI FL 33186			ST-7/P	MIAMI, FI 33176			
TITLE	☐ DELETE 2					Change	☐ Addition	
NAME								
STREET ADDRESS			2.3 STREET	ADDRESS			İ	
CITY-ST-ZIP				ST-ZIP				
TITLE	DELETE 3.					Change	Addition	
NAME	3			ł			İ	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		7		
TITLE		☐ DELETE	4.1 TITLE	ļ	L	Change	Addition	
NAME			4. 2 NAME	•				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		Decem	4.4 CITY - 9	it-ZIP		7 0		
TITLE		☐ DELETE	5.1 TITLE		L	Change	☐ Addition	
NAME			5.2 NAME				ŀ	
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		Delete	5.4 CITY-5	IT - ZIP		100000	T A delate	
TITLE		☐ DELETE	61 TITLE	- 1	L	_] Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ſ				
CITY-ST-ZIP			6.4 CITY - S		d in Costion 110 07/9Vi) Florida Ctatutan I further parti			

In nereby 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.

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