

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06982

Entity Name: MULTIPLE INSURANCE COVERAGES, INC.

Current Principal Place of Business:

8772 SW 8 ST
MIAMI, FL 33174

Current Mailing Address:

8772 SW 8 ST
MIAMI, FL 33174

FEI Number: 59-2466378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARDO, LAURINDO R.
8772 SW 8 ST
MIAMI, FL 33174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|--------------------|-----------------|--------------------|
| Title | PT | Title | S |
| Name | PARDO, LAURINDO R. | Name | PARDO, MILAGROS B. |
| Address | 8772 SW 8 ST | Address | 8772 SW 8 ST |
| City-State-Zip: | MIAMI FL 33174 | City-State-Zip: | MIAMI FL 33174 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MILAGROS B PARDO

SECRETARY

03/21/2017

Electronic Signature of Signing Officer/Director Detail

Date