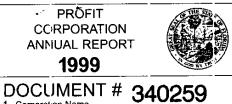
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PRÕFIT CORPORATION ANNUAL REPORT

1999

ANDY'S ASSURANCE AGENCY, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90180 034 ***150.00



Principal Plac	e of Business	Mailing Address							
1441 W FLAGL		1441 W FLAGLER ST							
MIAMI FL 33135 MIAMI FL 33135					DO NOT WRITE IN T			SPACE	
					3 Date Inco	orporated or Qualifed			
					01/17/	•			
0.0:-:	No. of Division	2a. Mailing Address			4. FEI Num			Δ	op ied For
				1	59-1230012		ļ.,	ot Applicable	
1		26			39-123	0012			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate	e of Status Desired		+ - · · · -	ecuired
22		27			 -				
City & Stat	te	City & State			I	Campaign Financing			May Be to Fees
.3		28			 -	nd Contribution			to rees
Zip	Country	Zip	Countr	ý		oration owes the cur	rent year Int		[]No
24	25		30			Property Tax.		Yes	LINO
	9. Name and Add ess of Curr	ent Registered Agent			10. Name ar	nd Address of New	Registered	Agent	_
505	SPICIFE LODETI		8-	1 Name					
	ORIGUEZ, LORETA		82	2 Street Add	ress (P.O. Box N	lumber is Not Accept	able)		
1441 W. FLAGLER ST MIAMI FL 33125				L					
			83	3					
			Ļ					or Zin	Code
			84	4 City			FL	85 Zip	Cide
SIGNATURE	Signature, typed or printed na ne of registered a	gent and title if applicable. (NOT ::	Registered Age	ant signature requir	ed when reinstating)		DATE		
12.		ANI) DIRECTORS	13.		ADDITION	IS/CHANGES TO OF	FICERS AN	D DIRECT	OFIC IN 12
TITLE	PD	DELETE	11 TITLE						JES IN IZ
NAME	RODRIGUEZ, ANDY							☐ Change	
STREET ADDRESS			1.2 NAME			· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	1111111111111111111111			ET ADDRESS					
	MIAMI FI		1.3 STREE	ET ADDRESS					
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	SD	☐ DELETE	1.3 STREE 1.4 CITY- 2.1 TITLE	ET ADORESS ST-ZIP				☐ Change	☐ Additio
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0" (3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier and annual report if 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 rederiver 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 changes; or or an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

DELETE

☐ DELETE

Change

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Addition

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CR2E034 (11/98)