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

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE
Sandra B Mortnam
Socretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

351157

(3)

INSUF	RANCE CREDIT CORP.			 	
Principal Place of Business		Mailing Address			///// IDEN DIBIN DIGIR 8/8// BIBIR BIDIA BIDIN 1081
800 N W 54TH ST Miami FL 33127		800 N W 54TH ST Miami FL 33127			
				 Date Incorporated or Qualified 08/22/1969 	3a. Date of Last Report 01/18/1995
2. Principal Place of Business		2a. Mafing Address 26		4. FET Number 59-1363144	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ .4	Country 25	Zip 29]	Country 30	8. This corporation has liability for Fiorida Statutes	
	9. Name and Address of Curr			10. Name and Address of New F	legistered Agent
			81 Name		
	er,robert b Ollins ave.		82 Street A	ddress (P.O. Box Numher is Not Acceptab	ole)
#1002			83		
MIAMI BEACH FL			84 City		85 Zip Code
				poration submits this statement for the pur	FL `
tamiliar with SIGNATUREs	, and accept the oblightions of Sc	ction 607.0505, Fronda Statute	S. O't i fregute and Agrical Signal is not		DAIL
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
INLE	D CHANKED DODEDT D	DELETE	1 1 TITLE		Change Addition
NAME STREET ADDRESS	SWIDLER, ROBERT B 5701 COLLINS AVE.		1.2 NAME		
DITY - ST - ZIP	MIAMI BEACH FL		1 3 STREET ADDRESS		
TITLE	VP	DELETE	2.3 TITLE		Change Addition
NAME	DAVIS, DEBRA		2.2 NAME		
STREET ADDRESS	2010 NW 98 ST.		2 3 STREET ADDRESS		
CITY -ST - ZIP	MIAMI FL		24 City St. ZiP		
TITLE	ST	☐ DELETE	3 1 TITLE		Change Addition
NAME	ALVAREZ, JOSE A.		3.2 NAME		
STREET ADDRESS	2731 SW 13TH ST.		3.3 STREET ADDRESS		
DITY - ST - ZIP	MIAMI FL		3.4 C-TY - ST - ZiP		
I-TLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
SIREET ADDRESS			4.3 STREET ADDRESS		
DITY-ST-ZIP TILE	w	TT DELETE	4.4.C(TY+ST+Z)P 5.4.T(TLE		Change Addition
IAME			5.2 NAME		□ Onlinge □ Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
TILE		DELETE	6 1 71/16		Change Addition
AME			6 2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 City - S1 - ZiP		
certity that t	he information indicated on this ac-	nual recort or suppliemedial acr	is altreport is true and acci	fy for the exemption stated in Section 119, urate and that my signature shall have the Pris report as required by Chapter 607, Fi	same local effect as if made under

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR