

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90034 037 ***150.00

DOCUMENT # 354409

1. Corporation Name
SASTRE INSURANCE CORP.

Principal Place of Business
2600 DOUGLAS RD
SUITE 500-A
CORAL GABLES FL 33134
US

Mailing Address
P.O. BOX 140127
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/27/1969

4. FEI Number
59-1295149

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 owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 1000 S.W. 86TH COURT

2a. Mailing Address
26 1000 S.W. 86TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

Zip Country
24 33144 25

Zip Country
29 33144 30

9. Name and Address of Current Registered Agent

SASTRE, MARTA M.
1214 COLUMBUS BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1000 S.W. 86TH COURT

83

84 City
MIAMI

85 Zip Code
FL 33144

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SASTRE, MARTA M.
STREET ADDRESS 1214 COLUMBUS BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE ST ☐ DELETE
NAME SASTRE, MARIA R
STREET ADDRESS 641 SEVILLA AVE.
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1000 S.W. 86TH COURT
1.4 CITY-ST-ZIP MIAMI, FL 33144

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1000 S.W. 86TH COURT
2.4 CITY-ST-ZIP MIAMI, FL 33144

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/8/99

305-4459988

Daytime Phone #

CR2E034 (11/98)