

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 428276 (0)**

1. Corporation Name

**ASSOCIATED INSURANCE BROKERS, INC.**

Principal Place of Business

Mailing Address

2500 NW 79 AVE  
MIAMI FL 33122  
US

2500 NW 79 AVE  
MIAMI FL 33122  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1973

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2b. Mailing Address

21

26

4. FEI Number

59-1468772

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, JORGE A  
2500 NW 79TH AVE.  
MIAMI FL 33122

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT
NAME	TORGAS, ED S.
STREET ADDRESS	2500 NW 79 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	ALVAREZ, JOSE M
STREET ADDRESS	2500 NW 79 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	PENA, LAZARA C
STREET ADDRESS	2500 NW 79 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	DVS
NAME	SOTO, JOHN M.
STREET ADDRESS	2500 NW 79 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	VALDES-FAULI, JUAN
STREET ADDRESS	2500 NW 79 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	GONZALEZ, MARLEN
STREET ADDRESS	2500 NW 79 AV
CITY - ST - ZIP	MIAMI FL

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOPEZ, Jorge A.	
1.3 STREET ADDRESS	2500 NW 79 Avenue	
1.4 CITY - ST - ZIP	Miami, Fl. 33122	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied herein is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

*Jorge A. Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

305-715-0000 ext. 3378