

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**May 01 1996 8:00 am**  
Secretary of State

DOCUMENT # **428276 (0)**

1. Corporation Name

**ASSOCIATED INSURANCE BROKERS, INC.**



Principal Place of Business

2500 NW 79 AVE  
MIAMI FL 33122  
US

Mailing Address

2500 NW 79 AVE  
MIAMI FL 33122  
US

21. Principal Place of Business

2a. Mailing Address

22. Suite, Apt. #, etc.

2b. Suite, Apt. #, etc.

23. City & State

2c. City & State

24. Zip

25. Country

2d. Zip

2e. Country

9. Name and Address of Current Registered Agent

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

81. Name

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

83.

84. City

**FL**

85. Zip Code

3. Date Incorporated or Qualified

**06/14/1973**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-1468772**

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

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 the applicable...

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>TORGAS, ED S.</b>	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, JOSE M</b>	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PENA, LAZARA C</b>	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>SOTO, JOHN M.</b>	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VALDES-FAULI, JUAN</b>	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, MARLEN</b>	
STREET ADDRESS	<b>2500 NW 79 AV</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Fernandez, Sergio</b>	
1.3 STREET ADDRESS	<b>2500 NW 79 AVE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LOPEZ, JORGE A.</b>	
2.3 STREET ADDRESS	<b>2500 N.W. 79th AVE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
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	<b>DVA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SOTO, JOHN M.</b>	
4.3 STREET ADDRESS	<b>2500 NW 79th AVE</b>	
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

**(305) 715-0000 EXT. 3379**

Date

Daytime Phone #

CR2E034 (12/95)