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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
06/14/1973

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

4. FEI Number: **59-1468772**
 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 or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
LOPEZ, JORGE A
2500 NW 79TH AVE.
Y
MIAMI FL 33122

10. Name and Address of New Registered Agent
 81 Name: **PERRY I. CONE**
 82 Street Address (P.O. Box Number is Not Acceptable): **2500 NW. 79th Ave**
 83
 84 City: **Miami** FL 85 Zip Code: **33122**

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]* **PERRY I. CONE** DATE: **4/13/98**
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORGAS, ED S.	1.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE M	2.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, LAZARA C	3.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DVA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, JOHN M.	4.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, SERGIO	5.2 NAME	
STREET ADDRESS	2500 NW 79TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MARLEN	6.2 NAME	
STREET ADDRESS	2500 NW 79 AV	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(j), 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.
JOSE M. ALVAREZ (Director)

SIGNATURE: *[Signature]* **JOSE M. ALVAREZ** DATE: **4/13/98** (305) 715-0000, ext. 3379

CR2E034 (10/97)