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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

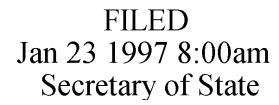
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 498586

PROFESSIONAL LIFE & CASUALTY INSURANCE AGENCY, I





Principal Place	e or business	Mailing Acc	ress							
240 COSTANEI CORAL GABLE US		PO BOX 561745 MIAMI FL 33256-1745 US				· ·				
03		00	00			3. Date incorporated or Qualified 3a. Date of Last Report 03/10/1976 01/25/1998				oort
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	······		App	lied For
21		26				59-1662511			Not	Applicable
Suite, Apt. #, etc.		Suite, Ar	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & S	tate			6. Election Campaign Financing	······································	\$5	.00 A	lay Be
23		28				Trust Fund Contribution			ded to	
Zip	Country	Zip		Country	1	8. This corporation has liability for i			ler s.	199.032,
24	25	29		30			Yes [
	9. Name and Address of Curr	ent Registered Ag	ent			10. Name and Address of New Re	gistered A	gent		
	ias, manuel a			81	Name					
	COSTANERA ROAD RAL GABLES FL 33143			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
•				B3						
				84	City		FL	85	Zip C	ode
office or r	to the provisions of Sections 507,0 registered agent, or both, in the Stam familiar with, and accept the ob-	ite ol Florida, Such	change was a	authorized b	v the corpora	poration submits this statement for the pation's board of directors. I hereby acception	of the appo	ointmer	ntasr	registered egistered
	Signatize typed or profed name of registered		(NOT)		ent signature requ	red when reinstaling)	DATE			
12.	OFFICERS A	ND DIRECTORS	T DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	VADAO MANIMELA	L	☐ DELETE	1.1 TITLE				Chá	inge	Addition
NAME	VARAS, MANUEL A.			1.2 NAME						
STREET ADDRESS	240 COSTAMERA RD			1.3 STREE	T ADDRESS					
CITY - ST - ZIP	CORAL GABLES FL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"T no. ere	1.4 CITY-	ST-ZIP					
TITLE		L] DELETE	2.1 TITLE				Cha	inge	Addition
NAME				22 NAME						
STREET ADDRESS				23 STREE	T ADDRESS	2				
CITY - ST - ZIP			T ==: ===	2 4 CITY	SY-ZIP	* ·		T 1 de		F 1
TITLE		£	DELETE	31 TITLE				Cha	រពទូច	Additio
NAME				32 NAME	-					
STREET ADDRESS					T ADDRESS					
CITY-S1-ZIP			DOLOTO	3.4. CITY	ST-ZIP			1 05		THE ALERS
TITLE		L	DELETE	4.1 TITLE				الل الل	inge	Addition
NAME				4. 2 NAM6						
STREET ADDRESS				. I	T ADDRESS					
CITY-ST-ZIP			DELETE	4.4 CITY -	ST - ZIP			T DE		g aast -
TITLE		ı	DELETE	5.1 TITLE				[] Cha	ude	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS					
CITY-ST-ZIP			T 5515	5.4 CITY -	ST-ZIP					1 4 4 100
TITLE		l	DELETE	6.1 TITLE				Chi	inge	Addition
NAME				6.2 NAME						
STREET ADORESS				6.3 STREE	T ADDRESS					
CITY-ST-ZIP				6 4 CiTY-	ST-ZIP					

14. I do 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 to expect or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME