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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

564953

(8)

R & S INSURANCE ADVISORS, INC.

FILED Apr 22 1998 8:00am Secretary of State



., .,								
Principal Place of Business Mailing Address					.,			
2291 N.W. 28TH STREET 2291 N.W. 28TH S					EET			
SUITE 18			SUITE 18				DO NOT WRITE IN THIS SPACE	
MIAMI FL 33142 MIAMI FL 3					L 33142			3. Date Incorporated or Qualified
•								01/04/1978
2. Principal Place of Business				2a, Mailing Address				4. FEI Number Applied For
21			26	<u>⊢</u> ¬ "				59-1787383 Not Applicable
Sulte, Apt. #, etc.			[20]	Suite, Apt. #, etc.			·····	\$8.75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip Country			Zip Country			This corporation owes or has paid the current year Intangible		
24		25	29		30			Personal Property Tax due June 30. 🔲 Yes 🔀 No
	9. Name	and Address of	Current Regis	stered Agent				10. Name and Address of New Registered Agent
SAI	NTANA, O	SCAR R.				81	Name	
2126 N.W. 28TH STREET 82							Street Ac	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33145								
						83		
						84	City	85 Zip Code
								FL
office or re agent. I as SIGNATURE	reg iste red ag ım fam iliar w	ent, or both, in thith, and accept the	ne State of Flori no obligations o	da. Such change wa f, Section 607.0505,	is authorize Florida Stat	d by lutes	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered eroqued when reinstating).
	Signature, typed	or printed name of reg	ERS AND DIRE		13.	a Age	mi signature ro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD	OFFICI	ENS AND DINE	DELETE	1.1 TI	TI F	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	SANTANA, OSCAR R.			biccit		1.2 NAME		
		W. 16TH ST.					ADDRESS	
STREET ADDRESS 2126 S.W. 161H S1. CITY-ST-ZIP MIAMI FL.				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE	DS	<u></u>		DELETE	2.1 (1-21	Change Addition
NAME	_	NA, LAURA		-	2.2 N			
STREET ADDRESS		W. 16TH ST.					ADDRESS	
CITY-ST-ZIP	MIAMI						S1-ZIP	
TITLE	1411 4141			DELETE	3.1 Ti			Change Addition
NAME					3.2 N	AME		
STREET ADDRESS	:						ADDRESS	
CITY-ST-ZIP							ST-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·			DELETE	4.1 Th		****	Change Addition
NAME					4.21	AME		
STREET ADDRESS]						ADDRESS	
CITY-ST-ZIP					4.4 0			
TITLE				DELETE	5.1 Ti		11-211	Change Addition
NAME					5 2 N			
STREET ADDRESS							ADDRESS	
							ST - ZIP	
CITY-ST-ZIP TITLE				DELETE	6.1 TI		75 - EU	Change Addition
					6.2 N			
NAME OTOCCT ADDOCCC							ADDRESS	
STREET ADDRESS								
CITY-ST-ZIP	Cortifu that *	a information and	onlind with this	filing does not qualif	v for the ev	emr	it-ZIP	led 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.								