Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90207 017 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 564953

1. Corporation Name

| R&SIN   | NSURANO  | CE ADVISORS, INC   | C.                                      |                                |  |  |                 |                            |                    |                  |                      |                       |   |
|---|--|--|---|--------------------------------|--|--|-----------------|----------------------------|--------------------|------------------|----------------------|-----------------------|---|
|   |  |  |   |                                |  |  |                 |                            |                    |                  | <b>         </b>     |                       |   |
|   |  |  |   |                                |  |  |                 | -                          |                    |                  | ! <b>!!!!!      </b> |                       |   |
| Principal Place   |  | 38   | Mailing A                               |                                |  |  |                 |                            |                    |                  | •                    |                       |   |
| 2291 N.W. 28TH  | H STREET   | .•   | 2291 N.W.<br>Suite 18                   | 28TH STREET                    |  |  |                 |                            |                    |                  |                      |                       |   |
| SUITE 18 SUITE 18 MIAMI FL 33142 MIAMI FL 33142   |  |  |   |                                |  |  |                 | DO NOT WRITE IN THIS SPACE |                    |                  |                      |                       |   |
|   |  |  | -                                       |                                |  |  |                 | 3. Date Inc                | orporated or Qua   | alifed           |                      |                       |   |
|   |  | •  |   |                                |  |  |                 | 01/04/                     | 1978               |                  |                      |                       |   |
| 2. Principal P  | lace of Busi   | ness   | 2a. Mailin                              | g Address                      |  |  |                 | 4. FEI Num                 |                    |                  |                      | Applie                | ed For  |
| 21  |  | ·  | 26                                      |                                |  |  |                 | 59-178                     | 373 <u>83</u>      |                  |                      |                       | pplicable   |
| Suite, Apt.   | #, etc.  | Commence of the second second  | Suite,                                  | Apt. #, etc.                   | _  |  |                 | 5. Certifcat               | e of Status Desi   | red . 🗆 -        |                      | <b>5</b> Add<br>Réqui |   |
| City & State  |  |  | City &                                  | State                          |  |  |                 | 6. Election                | Campaign Finar     | ncing            | \$5.0                | 00 ма                 | y Be  |
| 23  |  |  | 28                                      |                                |  |  |                 |                            | nd Contribution    |                  |                      | ed to F               | ees   |
| Zip   | -  | Country  | Zip                                     |                                | Coun   | itry   |                 | 8. This corp               | poration owes th   | e current year I |                      | _                     |   |
| 24  | ,  | 25   | 29                                      |                                | 30   |  |                 |                            | I Property Tax.    | <del></del>      | ☐Yes                 | Ц                     | No  |
|   | 9. Name  | and Address of Curre   | nt Registered A                         | \gent                          |  | 04 N   |                 | 10. Name a                 | nd Address of I    | New Registere    | d Agent              |                       | <del></del>   |
| CAN   | TANA OC  | CADD   |   |                                |  | 81 N   | ame             |                            |                    |                  |                      |                       |   |
|   | ITANA, OSI<br>6 N.W. 28T   |  |   |                                |  | <b>82</b> S  |                 |                            | Number is Not A    |                  |                      |                       |   |
|   |  |  |   |                                | L  |  | <u>'2</u> /     | 126 J.                     | W. 16              | STRCET           |                      |                       |   |
| MAIN  | MI FL 3314   | <b>3</b>   |   |                                | [  | 83   |                 |                            |                    |                  |                      |                       |   |
|   |  |  |   |                                | 1  |  | ity<br>**/ / c  |                            |                    | F                | L     3              | Zip Cod               | 45  |
| 11. Pursuant  | to the provis  | sions of Sections 607.05   | 02 and 607.1508                         | 3, Florida Statu               | utes, the ab   | ove-na   |                 | tion outbraite             | this statement for | or the purpose   | of changing          | its reg               | istered   |
| office or n   | registered aç<br>ım familiar w   | sions of Sections 607.05<br>gent, or both, in the State<br>with, and accept the obliga | e of Florida. Suci<br>ations of, Sectio | n change was<br>n 607.0505, Fl | authorized<br>Iorida Statul  | by tne<br>tes.   | corporatio      | n's board of di            | rectors. i nereby  | accept the app   | omunient a:          | s regisi              | ieieu   |
| -9  |  | · · · · · · · · · · · · · · · · · · ·  | •                                       |                                |  |  |                 |                            |                    |                  |                      |                       |   |
| SICMATURE   |  |  |   |                                |  |  |                 |                            |                    |                  |                      |                       |   |
| SIGNATURE   | Signature, types   | d or printed name of registered ag   |   |                                | TE: Registered A   |  |                 | i when reinstating)        | <u>.</u>           | DATE             |                      |                       |   |
| SIGNATURE   |  |  |   | ie. (NO1                       | TE: Registered A   | Agent sig  |                 | i when reinstating)        | NS/CHANGES T       | DATE             | AND DIREC            |                       | 5 IN 12   |
|   | PD   | OFFICERS A   | ent and title if applicab               | ie. (NOT                       | TE: Registered A   | Agent sig  |                 | i when reinstating)        | <u>.</u>           | DATE             |                      |                       |   |
| 12.   | PD<br>SANTAN   | OFFICERS A   | ent and title if applicab               | ie. (NO1                       | TE: Registered A<br>13.<br>1.1 T/TL<br>1.2 NAA   | Agent sig<br>E   | nature required | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            |                       | 5 IN 12   |
| 12.<br>TITLE  | PD<br>SANTAN<br>2126 S.V   | A, OSCAR R.<br>V. 16TH ST.   | ent and title if applicab               | ie. (NO1                       | 13. 1.1 TITL 1.2 NAA   | Agent sign<br>LE<br>ME<br>XEET ADX   | RESS            | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            |                       | 5 IN 12   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI   | A, OSCAR R.<br>V. 16TH ST.   | ent and title if applicab               | ie. (NOT                       | 13.<br>1.1 T/TL<br>1.2 NAA<br>1.3 STR<br>1.4 C/T   | Agent sign<br>LE<br>ME<br>WEET ADO<br>Y-ST-ZIF   | RESS            | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            | ige                   | G IN 12 Addition  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI<br>DS                                   | OFFICERS A<br>A, OSCAR R.<br>V. 16TH ST.   | ent and title if applicab               | ie. (NO1                       | 13. 1.1 TFR 1.2 NAA 1.3 STF 1.4 CITT 2.1 TITR  | Agent sig<br>LE<br>ME<br>REET ADO<br>Y-ST-ZIF<br>LE  | RESS            | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            | ige                   | 5 IN 12   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI<br>DS<br>SANTAN                         | OFFICERS A<br>A, OSCAR R.<br>V. 16TH ST.<br>L  | ent and title if applicab               | ie. (NOT                       | 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA  | Agent sig<br>LE<br>ME<br>ME<br>Y-ST-ZIF<br>LE  | nature required | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            | ige                   | G IN 12 Addition  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI<br>DS<br>SANTAN<br>2126 S.V             | OFFICERS A<br>A, OSCAR R.<br>V. 16TH ST.<br>A, LAURA<br>V. 16TH ST.                    | ent and title if applicab               | DELETE                         | 13. 1.1 TFR 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF   | Agent sign  E ME REET ADX  Y-ST-ZIF  LE ME REET ADX  | RESS            | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            | ige                   | G IN 12 Addition  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI<br>DS<br>SANTAN                         | OFFICERS A<br>A, OSCAR R.<br>V. 16TH ST.<br>A, LAURA<br>V. 16TH ST.                    | ent and title if applicab               | DELETE                         | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CITTL 2.2 NAA 2.3 STF 2.4 CIT   | Agent signed.  LE  ME  Y-ST-ZIF  LE  ME  REET ADX  TY-ST-ZIF   | RESS            | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            | nge                   | Addition  |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI<br>DS<br>SANTAN<br>2126 S.V<br>MIAMI FI | OFFICERS A<br>A, OSCAR R.<br>V. 16TH ST.<br>A, LAURA<br>V. 16TH ST.                    | ent and title if applicab               | DELETE                         | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF   | Agent sign LE ME ME Y-ST-ZIF LE ME REET ADX PY-ST-ZIF LE ME REET ADX REET ADX REET ADX REET ADX REET ADX   | RESS            | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            | nge                   | Addition  |
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| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI<br>DS<br>SANTAN<br>2126 S.V<br>MIAMI FI | OFFICERS A<br>A, OSCAR R.<br>V. 16TH ST.<br>A, LAURA<br>V. 16TH ST.                    | ent and title if applicab               | DELETE                         | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CITT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITL   | Agent sign  LE  WE  REET ADD  Y-ST-ZIF  REET ADD  Y-ST-ZIF  LE  WE  REET ADD  Y-ST-ZIF  LE  KE  REET ADD  LE  KE  REET ADD  LE  REET ADD  LE  REET ADD   | RESS            | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            | nge                   | Addition  |
| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI<br>DS<br>SANTAN<br>2126 S.V             | OFFICERS A<br>A, OSCAR R.<br>V. 16TH ST.<br>A, LAURA<br>V. 16TH ST.                    | ent and title if applicab               | DELETE  DELETE                 | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAI  | Agent sign  E  ME  ME  ME  ME  ME  ME  ME  ME  ME  | RESS            | i when reinstating)        | <u>.</u>           | DATE             | AND DIREC            | nge                   | G IN 12 Addition Addition Addition                                |
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| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | PD<br>SANTAN<br>2126 S.V<br>MIAMI FI<br>DS<br>SANTAN<br>2126 S.V             | OFFICERS A<br>A, OSCAR R.<br>V. 16TH ST.<br>A, LAURA<br>V. 16TH ST.                    | ent and title if applicab               | DELETE  DELETE  DELETE  DELETE | 13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 4.1 TITL 4.2 NAA 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STF   | Agent sign  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME   | RESS RESS RESS  | i when reinstating)        | <u>.</u>           | DATE             | Chan                 | nge                   | ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition            |
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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)(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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

305 / C 54-44 PZ
Daytime Phone #