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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **566351** **(3)**

1. Corporation Name
J.A.I. INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
8150 SW 8 ST #114 MIAMI FL 33144	8150 SW 8 ST #114 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1978
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business
21: 14122 SW 38th terr.
22: Suite, Apt. #, etc.
23: City & State: Omiami Fl.
24: Zip: 33175
25: Country: Dade

2a. Mailing Address
26: 14122 SW 38th terr.
27: Suite, Apt. #, etc.
28: City & State: Omiami Fl
29: Zip: 33175
30: Country: dade.

4. FEI Number: 59-1801050 ☐ 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

9. Name and Address of Current Registered Agent

FERNANDEZ, JUAN A
594 SW 10TH ST
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name: Iraida S Figueras
82 Street Address (P.O. Box Number is Not Acceptable): 14122 SW 38th terr.
83:
84 City: Omiami FL 85 Zip Code: 33175

11. Pursuant to the provisions of Sections 607.0505 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] 1-15-95
If new, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDS	1.1 TITLE	President	☒ Change ☐ Addition
NAME	FIGUERAS, IRAIDA S	1.2 NAME	Iraida S Figueras	
STREET ADDRESS	1937 SW 8TH ST	1.3 STREET ADDRESS	14122 SW 38 terr	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Omiami Fl. 33175.	
TITLE	PSD	2.1 TITLE		☐ Change ☐ Addition
NAME	~~FERNANDEZ, JUAN A~~	2.2 NAME		
STREET ADDRESS	~~1937 SW 8TH ST~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 00000~~	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Iraida S. Figueras 1/15/95 305-554-6922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

OT50108 CP