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

PROFIT CORPORATION. ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 595353 (4)  MENCIA INSURANCE AGENCY, INC.  Principal Place of Business Mailing Address  1152 S.W. 8TH STREET MIAMI FL 33130-3804						
!   					3. Date Incorporated or Qualified 11/21/1978	3a. Date of Last Report 02/26/1996
2. Principal Flace of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-1867241	Not Applicable
Suite Ant #. etc		Suite, Apt. #, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip	Country 25	7(p)			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Curi			T.	10. Name and Address of New Reg	gistered Agent
	ICIA, FRANCISCO		81	Name		
	2 S.W. 8TH STREET MI, FL. KFL 33130		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
i inco	m, 1 C N E 00100		83			
	Y		84	City		85 Zip Code
11. Pursuant to the relationse of Soctions 607 0502 and 607 1508. Florida Statutes 1			es the abov	e-named co	rogration submits this statement for the o	
	registered agent, or both in the Ste rr-familiar with, and accept the ob-	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	authorized b orida Statute	y the corpori	rporation submits this statement for the p ation's board of directors. I hereby accep	It the appointment as registered
SIGNATURE	Bry or any type that proper frame or may being		Flegistered Ag	eni s grature req	ured when reinstating)	DATE
12.	OFFICERS A	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC	
NAME	MENCIA, FRANCISCO	E DECESE	1.1 T-TLE 1.2 NAME			☐ Change ☐ Addition
STREET ADDRESS	1152 S.W. 8TH STREET		1.3 STREE	T ADDRESS		
CHY+S1+74P	MIAMI FL		1.4 CITY - 1	ST-ZIP		
TITLE NAME		DELETE	2.1 TITLE 2.2 NAME	}		Change L Addition
STREET ADDRESS			2 3 STREE	I ADDRESS		
CITY-51 ZIF			2 4 CiTY-			
Tifut		☐ DELETÉ				☐ Change ☐ Addition
STREET ADDRESS			32 NAME	1 ADDRESS		
CITY - ST - ZIP			3.4 CITY-			
TILE		DELETE 4.1 T				☐ Change ☐ Addition
NAME			4. 2 NAME		•	
STREET ADDRESS.  OUTY-SE-ZIP			4.3 STREET			
THE		DELETE	4.4 CITY - 5 5.1 TITLE	Si-Zit'		Change Addition
NAMi	1		5.2 NAME			<b>,</b>
STEFFET ADDRESS			5.3 STREE	ADDRESS		
Cd r - S1 - ZP	DDIESE		5.4 CITY - S	ST - ZIP		
THUE NAME	L.) DELETE		6.2 NAME			Change Addition
STREET ADDRESS	*	)	6.3 STREET	PRESENTA		
CHY-ST ZP	``		6.4 CiTY - S	ST-ZIP		
14. Edo heret informatio Eans an o	by certify that the information supply in indicated on this annual report of theer or director of the control attorn in Block 12 or Block 13 thenanged	red lite this tiling does not qualify or spipiom hat annual report is to the tribition of the tribition of the or or or trustee empowers or or or trustee empowers or or or trustee empowers	y for the exerue and accrete to execute the second to execute the	emption state urate and tha cute this repo	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida Si	<ul> <li>I further certify that the effect as if made under oath; that tatutes; and that my name</li> </ul>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 17 1997 8:00am

Secretary of State