


FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 595353 (4) 1. Corporation Name: MENCIA INSURANCE AGENCY, INC.		
Principal Place of Business: 1152 S.W. 8TH STREET MIAMI FL 33130		Mailing Address: 1152 S.W. 8TH STREET MIAMI FL 33130-3604
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent		
MENCIA, FRANCISCO 1152 S.W. 8TH STREET MIAMI, FL KFL 33130		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation, agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE		
(Sign and type or print name of registered agent and file, if applicable) (NOTE: Registered Agent's signature required)		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENCIA, FRANCISCO 1152 S.W. 8TH STREET MIAMI FL	<input type="checkbox"/> DELETE
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13.		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the incorporator or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



CR2E034 (9/96)