

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 697826 (6)

1. Corporation Name

AIB CLAIMS MANAGEMENT, INC.



Principal Place of Business

2500 NW 79 AVE
CORAL GABLES FL 33122
US

Mailing Address

2500 NW 79 AVE
CORAL GABLES FL 33122
US

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

3. Date Incorporated or Qualified
08/05/1981

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2115058

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

10. Name and Address of New Registered Agent

LOPEZ, JORGE A
2500 NW 79TH AVE.
MIAMI FL 33122

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ALVAREZ, JOSE M
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE
NAME VALDES-FAULI, JUAN
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL

TITLE DT ☐ DELETE
NAME TORGAS, ED S.
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL

TITLE DVAS ☐ DELETE
NAME SOTO, JOHN M.
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE
NAME LOPEZ, JORGE A
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME GONZALEZ, MARLEN
STREET ADDRESS 2500 NW 79 AVE
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☐ Change ☒ Addition
1.2 NAME Fernandez, Sergio
1.3 STREET ADDRESS 2500 NW 79 Ave
1.4 CITY-ST-ZIP Miami, FL 33122

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

JORGE A. LOPEZ

4/29/9

(305) 715-0000 Ext. 3379

Date

Daytime Phone #

CR2E034 (12/95)