

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90085 002 ***150.00

DOCUMENT # 697826

1. Entity Name

AIB CLAIMS MANAGEMENT, INC.



Principal Place of Business

**8300 W FLAGLER ST., STE 250
MIAMI FL 33144
US**

Mailing Address

**8300 W FLAGLER ST., STE 250
MIAMI FL 33144
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-2115058**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, ANETTE R
8300 W FLAGLER ST., STE 250
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	ALVAREZ, JOSE M.	
STREET ADDRESS	8300 W FLAGLER ST., STE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VALDES-FAULI, JUAN P	
STREET ADDRESS	8300 W FLAGLER ST., STE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SOTO, JOHN M	
STREET ADDRESS	8300 W FLAGLER ST., STE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VALDES-FAULI, MARLEN	
STREET ADDRESS	8300 W FLAGLER ST., STE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANARER, ANETTE R	
STREET ADDRESS	8300 W FLAGLER ST., STE 250	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. P	
STREET ADDRESS	FRANK NATOLI	
CITY-ST-ZIP	8300 W FLAGLER ST STE 250	
	MIAMI FLA 33144	
TITLE	Executive VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anette R. Alvarez	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David M. Alvarez	
STREET ADDRESS	8300 W. Flagler St., Ste 250	
CITY-ST-ZIP	Miami, FL 33144	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose M. Alvarez 2/22/04

305-221-4991