

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F44427 (5)

1. Corporation Name

VIA INSURANCE, INC.

95 MAR 14 AM 8:24

Principal Place of Business

5955 PONCE DE LEON BLVD.
STE. 101
CORAL GABLES FL 33146

Mailing Address

5955 PONCE DE LEON BLVD.
101
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/14/1981

3a. Date of Last Report
01/19/1994

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
59-2122192

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. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VANCURA, JOSEPH L
5955 PONCE DE LEON BLVD, STE 101
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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 607.01(1) 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 of Registered Agent and the corporation)

(Signature of Registered Agent and the corporation)

3-9-95
(DATE)

12. OFFICERS AND DIRECTORS

TITLE

S

NAME

VANCURA, JOSEPH L

STREET ADDRESS

8525 SW 92 ST

CITY, ST, ZIP

MIAMI, FL 00000

TITLE

PTD

NAME

VANCURA, JOSEPH L

STREET ADDRESS

8525 SW 92 ST

CITY, ST, ZIP

MIAMI, FL 00000

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

5955 Ponce de Leon Blvd

1.4 CITY, ST, ZIP

Suite 101 Coral Gables, FL 33146

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

5955 Ponce de Leon Blvd

2.4 CITY, ST, ZIP

Suite 101 Coral Gables, FL 33146

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, the undersigned, certify that the information set forth in this report was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 have been or have been employed to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added. If I am not an officer or director, I am not required to sign this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

JOSEPH L. VANCURA

3-9-95

305-665-2622