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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F

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DOMINIQUE INSURANCE AGENCY, INC.					E MATRIAGO DIOS ORIGI COLOS ANGOLOS	181 8111 81811 <b>818</b>		N BIGH BIBH IGG
Principal Place of Business		Mailing Address						
% Eugène e dominique 13500 n Kemdall dr Ste 294 Miami Fl 33186		% EUGENE E DOMINIOUE 13500 N KENDALL DR STE 294 MIAMI FL 33186						
	•••	minmi i E 00100			3. Date Incorporated or Qualified	3a. Date		•
2. Principa' Pla	ce of Business	2a, Mailing Address			12/11/1981 4. FEI Number	<u> </u>	3/03/19	Applied For
1		26			59-2153602			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
2		27			5. Certificate of Status Desired		Fee	Required
City & State J		City & State			6. Election Campaign Financing			0 May Be
3] Zip	Country	28 Zip	Cou	ato.	Trust Fund Contribution			ed to Fees
1	25	29	30	itry	8. This corporation has liability for Florida Statutes	intangible ta≀ s □No	k under s	199.032,
	9, Name and Address of Current				10. Name and Address of New I		gent	····
				81 Name				
DOMINIC	Due, Eugene			82 Street Add	fress (P.O. Box Number is Not Acceptal	ble)		
	KENDALL DR STE 294				1000 (10) Dok 140/100 10 (10)			
MIAMI F	L 33186			83				
				84 City			85 Z	ip Code
						<u>FL</u>		•
rannınar witi	o the provisions of Sections 607.0502 id agent, or both, in the Stato of Florid in, and accept the obligations of, Section	la. Such change was author on 607.0505, Florida Statuti	rized by the c es.	orporation's boa	ard or directors. I hereby accept the app	, , , , , , , , , , , , , , , , , , , ,	Ŭ	
SIGNATURE	d agent, or both, in the State of Florid n, and accept the obligations of Section synature, by set or printed mixture of respected agents OFFICERS AND	on 607.0505, Florida Statuti	es.	orporation's boa		DATE	· · · · · ·	ORS IN 12
BIGNATURE S	i, and socept the obligations of, Sections is set to be supported agent a	on 607.0505, Florida Statuti	BS. NOTE Registered	Agent signature require	ed when reinstating)	DATE FICERS AND	· · · · · ·	DRS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SEMING OFFICER OR DIRECTOR

2/20/96 305-387-9392