FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F66414** **(6)**

1. Corporation Name
ELITE INSURANCE & ASSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
3260 N.W. 7TH ST., STE. 102 MIAMI FL 33125	3260 N.W. 7TH ST., STE. 102 MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1982**
3a. Date of Last Report: **03/30/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: **59-2159843** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DOMINGUEZ, JULIAN E
2380 S.W. 131ST CT.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: ILEANA M. DOMINGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 3260 N.W. 7th STREET.STE # 102
83:
84 City: MIAMI, FLA. **FL** 85 Zip Code: 33125

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: Ileana M Dominguez ILEANA M. DOMINGUEZ. 4/25/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	XX Change	☐ Addition
NAME	DOMINGUEZ (JULIAN E.)	12 NAME		
STREET ADDRESS	2380 SW 131 CT	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP		
TITLE	STD	21 TITLE	☐ Change	☒ Addition
NAME	DOMINGUEZ (ILEANA M.)	22 NAME	PD	
STREET ADDRESS	2380 SW 131 CT	23 STREET ADDRESS	DOMINGUEZ (ILEANA M.)	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	3260 N.W. 7TH STREET.STE# 102	
			MIAMI, FLA. 33125	
TITLE		31 TITLE	☐ Change	☒ Addition
NAME		32 NAME	STD	
STREET ADDRESS		33 STREET ADDRESS	SANDRA I. AULI.	
CITY ST ZIP		34 CITY ST ZIP	3260 N.W. 7th STREET.STE# 102	
			MIAMI, FLA. 33125	
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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: Ileana M Dominguez ILEANA M. DOMINGUEZ. 5/25/95 (305) 541-6623
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Telephone Number

012696 CP