

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 13 PH 3: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97859

(5)

1. Corporation Name

LUVANG INSURANCE UNDERWRITERS, INC.

Principal Place of Business

5805 NW 11TH ST., SUITE 410
MIAMI FL 33126-9035

Mailing Address

5805 NW 11TH ST., SUITE 410
MIAMI FL 33126-9035

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

09/01/1982

04/13/1994

4. FEI Number

59-2214089

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, HAROLD
8411 SW 201 STREET
MIAMI FL 33189

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVS
NAME STEWART, HAROLD
STREET ADDRESS 8411 SW 201 STREET
CITY - ST - ZIP MIAMI, FLORIDA 00000

1. 1 TITLE ☐ Change ☐ Addition
1. 2 NAME
1. 3 STREET ADDRESS
1. 4 CITY - ST - ZIP

TITLE T
NAME STEWART, HAROLD
STREET ADDRESS 8411 SW 201 STREET
CITY - ST - ZIP MIAMI, FLORIDA 00000

2. 1 TITLE ☐ Change ☐ Addition
2. 2 NAME
2. 3 STREET ADDRESS 300001456733
2. 4 CITY - ST - ZIP -04/14/95--01057--015

TITLE PD
NAME ROMAN, JUAN F
STREET ADDRESS 15248 SW 184TH ST
CITY - ST - ZIP MIAMI, FLORIDA 00000

3. 1 TITLE ☐ Change ☐ Addition
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95

Date

305-264-7628

Daytime Phone #