

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F97859** (5)

1. Corporation Name

LUVANG INSURANCE UNDERWRITERS, INC.

Principal Place of Business

Address

~~5885 NW 14TH ST. SUITE 410~~
~~MIAMI FL 33136-8095~~

~~5885 NW 14TH ST. SUITE 410~~
~~MIAMI FL 33136-8095~~

2. Principal Place of Business

21 **18460 S.W. 78 Pl.**

Suite, Apt. #, etc.

Luvang Ins. Und. Inc.

P.O. Box 972025

Miami, Florida 33197-2025

22

City & State

23 **Miami, Fl. 33157**

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/01/1982

3a. Date of Last Report
04/13/1995

FBI Number

59-2214089

Applied For

Not Applicable

Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

i. 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

10. Name and Address of New Registered Agent

81 Name

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

18460 S.W. 78 Pl.

83

Miami, Fl. 33157

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVS** ☐ DELETE

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

TITLE **T** ☐ DELETE

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

TITLE **PD** ☐ DELETE

NAME **ROMAN, JUAN F**
STREET ADDRESS **15248 SW 164TH ST**
CITY-ST-ZIP **MIAMI, FLORIDA 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

address change ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
18460 S.W. 78 Pl.
Miami, Fl. 33157

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
18460 S.W. 78 Pl.
Miami, Fl. 33157

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 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, upon an attachment with an address.

SIGNATURE:

Harold Stewart

April 17, 1996

305-252-5018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)