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Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G32577 (0)

1. Corporation Name
BJ INSURANCE, INC.



Principal Place of Business Mailing Address
% JOSE L. ZAMBRANA % JOSE L. ZAMBRANA
12243 SW 32 TERRACE 12243 SW 32 TERRACE
MIAMI FL 33175 MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 NONE

2a. Mailing Address

26 253 NORMANDY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Business Closed

27

City & State

City & State

23

28 TAVERNIER FL

Zip

Country

Zip

Country

24

25

29 33070

30

MIAMI

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAMBRANA, JOSE L.
12243 SW 32 TERRACE
MIAMI FL 33175

81 Name

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

253 NORMANDY DR.

83

84

CITY TAVERNIER

FL

85

Zip Code

33070

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE

NAME ZAMBRANA, REBECCA J.

STREET ADDRESS 12243 SW 32 TERRACE

CITY-ST-ZIP MIAMI FL

TITLE VSD ☐ DELETE

NAME ZAMBRANA, JOSE L.

STREET ADDRESS 12243 SW 32 TERRACE

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)