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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G60101

1. Corporation Name

INSURANCE BUSINESS CONSULTANTS & ASSOCIATES, CORP.

Principal Place of Business

1800 WEST 49TH ST
#222
HIALEAH FL 33012

Mailing Address

1800 WEST 49TH ST
#222
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1983

4. FEI Number

59-2328931

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 8852 N.W. 188 TERR

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip Country

24 33018 25 U.S.A.

2a. Mailing Address

26 8852 N.W. 188 TERR

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip Country

29 33018 30 U.S.A.

9. Name and Address of Current Registered Agent

GONZALEZ, LUIS

1800 WEST 49TH ST #222
HIALEAH FL 33012

8852 N.W. 188 TERR

Miami FL 33018

10. Name and Address of New Registered Agent

81 Name

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

83 8852 N.W. 188 TERR

84 City

Miami

FL

85 Zip Code

33018

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 ☐ DELETE

NAME
DPSV
GONZALEZ, LUIS
STREET ADDRESS
1800 W. 49TH STREET #222
CITY-ST-ZIP
HIALEAH FL 33012

TITLE ☐ DELETE

NAME
GONZALEZ, LUIS
STREET ADDRESS
1800 W. 49TH STREET #222
CITY-ST-ZIP
HIALEAH FL 33012

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D.P.S.V.
1.3 STREET ADDRESS
Ruis GONZALEZ
1.4 CITY-ST-ZIP
8852 N.W. 188 TERR
Miami FL 33018

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
GONZALEZ, Ruis
2.3 STREET ADDRESS
8852 N.W. 188 TERR
2.4 CITY-ST-ZIP
Miami FL 33018

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)