

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT**

1995



FLORIDA DEPARTMENT OF STATE
Scott C. Marston
Secretary of State
DIVISION OF CORPORATIONS

95 APR 27 AM 7:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G75238

(7)

1. Corporation Name

GUSLIN SERVICE INSURANCE CORPORATION

Principal Place of Business

**782 NW 42ND AVE
SUITE 534
MIAMI FL 33126
US**

Mailing Address

**782 NW 42ND AVE
SUITE 534
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2356986

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**

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEMBIELA, JOAQUIN
782 NW 42ND AVE
SUITE 534
MIAMI FL 33126**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

MUZARRIETA, JOSE E.

782 NW 42ND AVE #534

MIAMI FL

1. 1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

MEMBIELA, JOAQUIN

782 NW 42ND AVE #534

MIAMI FL

2. 1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. 1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. 1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. 1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(b), 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 its 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 an appointment with an address.

SIGNATURE: JOAQUIN R. MEMBIELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/95

305-446-4006