FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

1/2

DOCUMENT # **G99791** **(7)**

1. Corporation Name

AMERINSURANCE, INC.

Principal Place of Business	Mailing Address
3401 NW 82ND AVE. SUITE 300 MIAMI FL 33122 US	3401 NW 82ND AVE. SUITE 300 MIAMI FL 33122 US

3. Date Incorporated or Qualified: **03/16/1984**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-2401600** ☐ 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

9. Name and Address of Current Registered Agent

FERNANDEZ-SILVA, JORGE
3401 NW 82ND AVE., STE. 100
MIAMI FL 33122

10. Name and Address of New Registered Agent

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 the registered agent, and the date of signature) (NEW Registered Agent Signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARDEN, JOSEPH A		1.2 NAME		
STREET ADDRESS	3401 NW 82 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ-SILVA, JORGE		2.2 NAME		
STREET ADDRESS	8041 SW 54TH CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FREYRE, PEDRO A		3.2 NAME		
STREET ADDRESS	8541 SW 72 TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FREYRE, ERNESTO		4.2 NAME		
STREET ADDRESS	8840 SW 97 TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		4.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOLL, CARL H		5.2 NAME		
STREET ADDRESS	3401 NW 82 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PANTIN, VICTOR M		6.2 NAME		
STREET ADDRESS	3401 NW 82 AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: _____ 4/26/96 (305)477-5552
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE) (DAYTIME PHONE #)

PEDRO A. FREYRE

AMER INSURANCE, INC. (CONT'D)

DV
LACASA, CARLOS
3401 NW 82 AVE
MIAMI FL 33122

V
MENDOZA, PATRICIA
3401 NW 82 AVE
MIAMI FL 33122

V
RODRIGUEZ, LISA
3401 NW 82 AVE
MIAMI FL 33122