FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 33122-1052 US

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **03/16/1984**
3a. Date of Last Report: **05/01/1996**

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

CR2E034 (9/96)

14. I 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.

SIGNATURE: PEDRO A. FREYRE 3/18/97 (305) 477-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01402252

AMERINSURANCE, INC. (CONT'D)

DV
LACASA, CARLOS
3401 NW 82 AVE
MIAMI FL 33122

V
MENDOZA, PATRICIA
3401 NW 82 AVE
MIAMI FL 33122