

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 24 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 # **G99791** (7)  
1. Corporation Name  
**AMERINSURANCE, INC.**



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

Mailing Address  
**3401 NW 82ND AVE.  
SUITE 300  
MIAMI FL 33122  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/16/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2401600</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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
85	Zip Code

**FL**

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	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDEN, JOSEPH A</b>	
STREET ADDRESS	<b>3401 NW 82 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ-SILVA, JORGE</b>	
STREET ADDRESS	<b>8041 SW 54TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>FREYRE, PEDRO A</b>	
STREET ADDRESS	<b>8541 SW 72 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>FREYRE, ERNESTO</b>	
STREET ADDRESS	<b>8840 SW 97 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>DEVT</b>	<input type="checkbox"/> DELETE
NAME	<b>MOLL, CARL H</b>	
STREET ADDRESS	<b>3401 NW 82 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>PANTIN, VICTOR M</b>	
STREET ADDRESS	<b>3401 NW 82 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LACASA, CARLOS</b>	
1.3 STREET ADDRESS	<b>3401 NW 82 AVE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MENDOZA, PATRICIA</b>	
2.3 STREET ADDRESS	<b>3401 NW 82 AVE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*[Signature]*

4/14/98 305 477-5552

CP2E034 (10/97)