

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

01/01/99

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G99791

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25 30

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified
03/16/1984

4. FEI Number
59-2401600

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

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 submit 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LACASA, CARLOS	
1.3 STREET ADDRESS	3401 NW 82 AVE	
1.4 CITY-ST-ZIP	MIAMI FL 33122	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MENDOZA, PATRICIA	
2.3 STREET ADDRESS	3401 NW 82 AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33122	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	9040 SW 78 CT	
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, with all other like empowered.

SIGNATURE: **4/6/99** **305 477-5552**
DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)