

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

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

3. Date Incorporated or Qualified

03/16/1984

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 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:

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 DV ☐ DELETE
NAME GARDEN, JOSEPH A
STREET ADDRESS 3401 NW 82 AVE
CITY-STATE-ZIP MIAMI FL 33122

TITLE D ☐ DELETE
NAME FERNANDEZ-SILVA, JORGE
STREET ADDRESS 8041 SW 54TH CT
CITY-STATE-ZIP MIAMI FL 33143

TITLE DS ☐ DELETE
NAME FREYRE, PEDRO A
STREET ADDRESS 8541 SW 72 TERR
CITY-STATE-ZIP MIAMI FL 33143

TITLE DP ☐ DELETE
NAME FREYRE, ERNESTO
STREET ADDRESS 8840 SW 97 TERR
CITY-STATE-ZIP MIAMI FL 33176

TITLE DEVT ☐ DELETE
NAME MOLL, CARL H
STREET ADDRESS 3401 NW 82 AVE
CITY-STATE-ZIP MIAMI FL

TITLE DV ☐ DELETE
NAME PANTIN, VICTOR M
STREET ADDRESS 3401 NW 82 AVE
CITY-STATE-ZIP MIAMI FL 33122

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☐ Change ☒ Addition
1.2 NAME LACASA, CARLOS
1.3 STREET ADDRESS 3401 NW 82 AVE
1.4 CITY-STATE-ZIP MIAMI FL 33122

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME MENDOZA, PATRICIA
2.3 STREET ADDRESS 3401 NW 82 AVE
2.4 CITY-STATE-ZIP MIAMI FL 33122

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 9040 SW 78 CT
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

305 477-5552

Date

Jaytime Phone #

CR2E034 (11/98)

01/01/99