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

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90019 034 ***150.00

Applied For

Fee Required

\$5.00 May Be

Added to Fees

□ No

☐ Yes

Not Applicable \$8.75 Additional

[] 1.	OCUMENT # H13943						
	•	INSURANC	Ε	AGENCY,	INC.		

Principal Place of Business	Mailing Address			· · · · · · · · · · · · · · · · · · ·	
8245 S.W. 124TH STREET MIAMI FL 33156 US	8245 S.W. 124TH STREET Miami Fl 33156 US			DO NOT WRITE IN THIS S	PACI
				3. Date incorporated or Qualifed 07/23/1984	
Principal Place of Business 1	2a. Mailing Address			4. FEI Number 59-2436310	F
Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5 Ac
Zip Country	Zip 29	Count	try	This corporation owes the current year Intan Personal Property Tax.	gible] Yes
9. Name and Address of C	Surrent Registered Agent			10. Name and Address of New Registered Ag	jent
MACKS, ERROL M.		3		Name Flor Molina	
11331 SW 152 CT		[8	32	Street Address (P.O. Box Number is Not Acceptable) 8245 SW 124 Street	

MIAMI FL 33196 83 Zip Code 33156 City Miami 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

SIGNATURE	Signature, types or printed name of registered agent and title if applicat	ole. (NOTE: I	Registered Agent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR	S	13.	ADDITIONS/CHANG	ES TO OFFICERS AI	ND DIRECTOR	
TITLE	PSD	DELETE	1.1 TITLE		•	Change	Addition
NAME	MOLINA, FLOR		1.2 NAME				
STREET ADDRESS	8245 S.W. 124TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	MEDEROS, TANIA		2.2 NAME				
STREET ADDRESS	8245 S.W. 124TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		2. 4 CITY-ST-ZIP		<u> </u>	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		·	Change _	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME		* .		•
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	•	п		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS			4	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ξ b			

indicated on this annual report or supplied with any address not quality for the exemption stated in section 119.07(5)(f), 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 of 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, er or many address, with all other like empowered.

SIGNATURE:

Flor Molina

1/6/99