... 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
99 MAY 10 AM 10:47
SECRETARY OF STATE
[redacted]

DOCUMENT # H94081

1. Corporation Name
FAMILY PROTECTION BENEFITS, INC.

amended

Principal Place of Business
9210 SUNSET DR #103
MIAMI FL 33173
US

Mailing Address
9210 SUNSET DR #103
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1986
4. FEI Number: 59-2614589 — ☐ 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

2. Principal Place of Business
21 *3001 S.W. 130 Ave.*
Suite, Apt. #, etc.
22
City & State
23 *Miami - Florida*
Zip
4 *33175*
Country
25 *USA*

2a. Mailing Address
26 *3001 SW 130 Ave.*
Suite, Apt. #, etc.
27
City & State
28 *Miami - Florida*
Zip
29 *33175*
Country
30 *USA*

9. Name and Address of Current Registered Agent

CAMPOS, OFELIA
9210 SUNSET DR #103
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: *Miguel Campos*
82 Street Address (P.O. Box Number is Not Acceptable): *3001 S.W. 130 Ave.*
83
84 City: *Miami* FL 85 Zip Code: *33175*

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] (Miguel Campos) Pres.* DATE *5/5/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	*President.*	☑ Change ☐ Addition
NAME	CAMPOS, OFELIA		1.2 NAME	*Miguel Campos*	
STREET ADDRESS	9210 SUNSET DR #103		1.3 STREET ADDRESS	*3001 SW 130 Ave.*	
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	*Miami-Fl. 33175*	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	000002881350--5	
STREET ADDRESS			2.3 STREET ADDRESS	-05/20/99--01049--022	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	*****70.00 *****70.00	
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		
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		
CITY-ST-ZIP			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: *[signature] (Miguel Campos) Pres. 5/5/99 (305) 221-0310*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (11/98)