

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J29529** (1)

1. Corporation Name

NESTOR MORALES TITLE INSURANCE COMPANY

Principal Place of Business

**2450 SW 137 AVE., STE 221
MIAMI FL 33175**

Mailing Address

**2450 SW 137 AVE., STE 221
MIAMI FL 33175**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

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9. Name and Address of Current Registered Agent

**CABALLERO, MARCIA B
2450 SW 137 AVE
SUITE 221
MIAMI FL 33175**

3. Date Incorporated or Qualified

08/20/1986

3a. Date of Last Report

04/05/1995

4. FET Number

59-2713584

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 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 of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
**PD
DURANZA, REGINA**
STREET ADDRESS
2450 SW 137 AVE
CITY-ST-ZIP
MIAMI FL

☐ DELETE

2. TITLE

NAME
**T
DURANZA, REGINA**
STREET ADDRESS
2450 SW 137 AVE
CITY-ST-ZIP
MIAMI FL

☐ DELETE

3. TITLE

NAME
**VSD
CABALLERO, MARCIA B**
STREET ADDRESS
2450 SW 137 AVE
CITY-ST-ZIP
MIAMI FL

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

7. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

8. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

9. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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50 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

03/26/96

CR2E034 (12/95)