CORPORATION ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K58682 (1)

1. Corporation Name
INSURANCE RESOURCES OF THE AMERICAS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
850 W. 49TH ST. STE. 702 HIALEAH FL 33012 US	850 W. 49TH ST. STE. 702 HIALEAH FL 33012 US

3. Date Incorporated or Qualified: 01/17/1989
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21 2699 COLLINS AVENUE
Suite, Apt. #, etc.
22 #137
City & State
23 MIAMI BEACH FLORIDA
Zip 24 33140 Country 25 DADE

2a. Mailing Address
26 2699 COLLINS AVE.
Suite, Apt. #, etc.
27 #137
City & State
28 MIAMI BEACH, FLORIDA
Zip 29 33140 Country 30 DADE

4. FEI Number: 65-0094954 ☐ 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

9. Name and Address of Current Registered Agent

MENDEZ, EDUARDO E SR.
850 W. 49TH ST
STE. 702
HIALEAH FL 33012

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 _____ DATE
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	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, EDUARDO E SR.	1.2 NAME	
STREET ADDRESS	850 W. 49TH ST., STE. 702	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	☐ Change ☐ Addition
NAME	MENDEZ, DAYRA C	2.2 NAME	
STREET ADDRESS	850 W. 49TH ST., STE. 702	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	~~NAVARRO, NIDIA I~~	3.2 NAME	
STREET ADDRESS	~~6925 W. 16 AVE., APT. 307~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~HIALEAH FL~~	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)(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.

SIGNATURE: _____ 6/25/95 (305) 673-9896 / 6730134 FAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
557-9810 (H) 843-6454 BPR

CR2E034 (3/95)