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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE: .



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 **DOCUMENT # K58682** 

(1)

1. Corporation Name INSURANCE RESOURCES OF THE AMERICAS, INC.  Principal Place of Business  Mailing Address  2699 COLLINS AVENUE STE 147 1 17  MIAMI BEACH FL 33140  MIAMI BEACH FL 33140							
US		US		Date Incorporated or Qualifie     01/17/1989	od 3a. Date of Last Report 05/01/1996		
2. Principal P	lace of Business	2s. Mailing Address			4, FEI Number	Applied For	
21	B ako	Suite, Apt. #, etc.		i	65-0094954	Not Applicable	
Suite, Apt #, etc		27 SUITE II		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stati		City & State	<u> </u>		6. Election Campaign Financing	\$5.00 May Be	
7.0	Country	28 - 7:n	Соиг	tar	Trust Fund Contribution	Added to Fees	
Zip <b>24</b>	Country 25	Zip 29	30	ury	This corporation has liability to Florida Statutes	for intangible tax under s. 199.032,	
F-1	g, Name and Address of Curre				10. Name and Address of New		
	DEZ, EDUARDO E SR.		 	Name			
850 W. 49TH ST STE. 702			ļ.	32 Street A	ddress (P.O. Box Number is Not Accep	rable)	
	- 702 EAH FL 33012		ļ.	33		·	
1100	EALL FOOTE		-	1 :		les I 7's Code	
			1	City		FL 85 Zip Code	
agent La SIGNATURE 12,	Styrature, typed or printed name of registered a				corporation submits this statement for the pration's board of directors. I hereby acceptant when renatating)	DATE FICERS AND DIRECTORS IN 12	
III;E	P	DELETE		E	ADDITIONS/OTANGES TO OF	Change Addition	
NAME	MENDEZ, EDUARDO E SR.		1.2 NA	AE ]			
STREET ADDRESS	850 W. 49TH ST., STE. 702			EET ADDRESS			
CHY-ST-ZIP TITLE	HIALEAH FL TS	DELETE		/-ST-ZIP		Change Addition	
NAME	MENDEZ, DAYRA C		2.2 NA	1			
STREET ADORESS	850 W. 49TH ST., STE. 702		2.3 STF	EET ADDRESS			
City-St-ZiP	HIALEAH FL	Delete		Y-ST-ZIP		T Chance T Lasterian	
TITLE NAME		DELETE	31 TITI 32 NAI			Change Addition	
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP			
Title		☐ DELETE		i		Change Addition	
NAME			4. 2 NA	1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE		r-ST-ZIP £		Change Addition	
NAME			5.2 NA	AE .			
STREET ADDRESS			5.3 STF	EET ADDRESS			
CITY-S1-ZIP		☐ DELETE		Y-ST-ZIP		Change Addition	
TITLE NAME			6.1 TITE 6.2 NAI			C change (1) wooning	
STREET ADDRESS				EET ADDRESS			
City-St-7iP	/		6.4 CIT	/-ST-7IP			
14. I do herel informatio I am an o appears i	by certify that the information suppling indicated on this annual report of the corporation in Block 12 or Block 13 if changed.	ied with this filing does not or r supplemental annual jepor or the receiver or trustee en or open attachment with an	qualify for the ent is true and an appowered to ent address.	exemption sta courate and t ecute this re	ated in Section 119.07(3)(i), Florida Stat that my signature shall have the same is port as required by Chapter 607, Florid	utes. I further certify that the egal effect as if made under oath; that a statutes; and that my name	

**FILED** 

May 16 1997 8:00am

Secretary of State