

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K58682 (1)  
1. Corporation Name  
INSURANCE RESOURCES OF THE AMERICAS, INC.



Principal Place of Business Mailing Address  
2699 COLLINS AVENUE 2699 COLLINS AVENUE  
117 117  
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140  
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		01/17/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0094954	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENDEZ, EDUARDO E SR. 850 W. 49TH ST STE. 702 HIALEAH FL 33012				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2699 Collins Ave. Suite 117			
				83			
				84 City			
				Miami Beach			
				FL			
				85 Zip Code			
				33140			

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, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE				P				11 TITLE				change of address only			
NAME				MENDEZ, EDUARDO E SR.				12 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				850 W. 49TH ST., STE. 702				13 STREET ADDRESS				2699 Collins Ave. Suite 117			
CITY-ST-ZIP				HIALEAH FL				14 CITY-ST-ZIP				Miami FL. 33140			
TITLE				TS				21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				MENDEZ, DAYRA C				22 NAME				change of address only			
STREET ADDRESS				850 W. 49TH ST., STE. 702				23 STREET ADDRESS				2699 Collins Ave. Suite 117			
CITY-ST-ZIP				HIALEAH FL				24 CITY-ST-ZIP				Miami Beach FL. 33140			
TITLE								31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								32 NAME							
STREET ADDRESS								33 STREET ADDRESS							
CITY-ST-ZIP								34 CITY-ST-ZIP							
TITLE								41 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								42 NAME							
STREET ADDRESS								43 STREET ADDRESS							
CITY-ST-ZIP								44 CITY-ST-ZIP							
TITLE								51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								52 NAME							
STREET ADDRESS								53 STREET ADDRESS							
CITY-ST-ZIP								54 CITY-ST-ZIP							
TITLE								61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								62 NAME							
STREET ADDRESS								63 STREET ADDRESS							
CITY-ST-ZIP								64 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.

SIGNATURE

1/7/98(305)673 9896

CR2E034 (10/97)