

FILE 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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90137 014 ***150.00

DOCUMENT # K60547

1. Corporation Name

INSURANCE AGENTS ASSOCIATED CORP.

Principal Place of Business

4711 N.W. 79 AVE.
SUITE 7-G
MIAMI FL 33166

Mailing Address

4711 N.W. 79 AVE.
SUITE 7-G
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1989

4. FEI Number

65-0096444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8100 GENEVA COURT

Suite, Apt. #, etc.

22 SUITE 432

City & State

23 MIAMI, FL.

Zip

24 33166

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 526803

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL.

Zip

29 33152

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

AGUILAR, J. ERNESTO
4711 NW 79 AVENUE
SUITE 7-G
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

J. ERNESTO AGUILAR

82 Street Address (P.O. Box Number is Not Acceptable)

8100 GENEVA COURT

83

SUITE 432

84

City MIAMI

FL

85 Zip Code

33166

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

TITLE PSTD
NAME AGUILAR, J E
STREET ADDRESS 4711 N.W. 79 AVE:
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME J. ERNESTO AGUILAR
1.3 STREET ADDRESS 8100 GENEVA CT. SUITE 432
1.4 CITY-ST-ZIP MIAMI, FL. 33166

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (305) 593-1105
Date Daytime Phone #

CR2E034 (1/198)