FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K78750** **(2)**

1. Corporation Name

INTERAMERICAN INSURANCE BROKERS, INC.

Principal Place of Business	Mailing Address
888 BRICKELL AVE., STE. 202 MIAMI FL 33131-2913	888 BRICKELL AVE., STE. 202 MIAMI FL 33131-2913

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/10/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt #, etc (22):

Suite, Apt #, etc (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: **65-0115518** ☐ 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

MIR, HECTOR J.
2655 LE JEUNE RD.
STE. 1107
CORAL GABLES FL 33134

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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, NESTOR JUAQIN	12 NAME	
STREET ADDRESS	6559 NW 172 LANE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL 33015	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☒ Addition
NAME	YANES,L RAFAEL	22 NAME	P/D ARISMENDI, JUAN B.
STREET ADDRESS	10222 CROSS WIND RD.	23 STREET ADDRESS	2638 NW 41ST ST.
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	BOCA RATON, FL
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DE LIMA L, ERNESTO	32 NAME	
STREET ADDRESS	CALLE 67 N. NO. 6N-85	33 STREET ADDRESS	
CITY ST ZIP	CALI, COLOMBIA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PIEDRAHITA P. PEDRO	42 NAME	
STREET ADDRESS	CALLE 65 N. NO. 6N-85	43 STREET ADDRESS	
CITY ST ZIP	CALI, COLOMBIA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	URIBE E., JORGE A.	52 NAME	
STREET ADDRESS	CALLE 71A NO 6-30 PISO 4	53 STREET ADDRESS	
CITY ST ZIP	BOGOTA, COLOMBIA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	VICENTINI, LUIS E.	62 NAME	
STREET ADDRESS	CALLE 38 LA URBINA EDIF.	63 STREET ADDRESS	
CITY ST ZIP	CARACAS 1070-A VENZU	64 CITY ST ZIP	

APT 5/15

14. I do hereby certify that the information supplied with this report 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 added to the report with an address.

SIGNATURE: _____ 4/18/95 NESTOR J. RODRIGUEZ, SECRETARY (305)371-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0151135 CP