

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # K80253 (3)**

1. Corporation Name

**ROMAN & ASSOCIATES INSURANCE CONSULTANTS, INC.**



Principal Place of Business

9245 SW 157TH ST  
SUITE 1048  
MIAMI FL 33157

Mailing Address

9245 SW 157TH STREET  
SUITE 1048  
MIAMI FL 33157  
US

2. Principal Place of Business

21 14989 S. DIXIE HWY

Suite, Apt. #, etc.

22 M

City & State

23 MIAMI A

Zip

24 33176

Country

25

2a. Mailing Address

26 14926 SW 89 LN

Suite, Apt. #, etc.

27

City & State

28 MIAMI A

Zip

29 33196

Country

30 DADE

3. Date Incorporated or Qualified

04/14/1989

3a. Date of Last Report

07/25/1995

4. FEI Number

65-0113561

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. 193.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

LOGREIRA, EFRAIN  
2680 SW 92ND AVE  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name  
82 MARIA A. LOGREIRA  
83 Street Address (P.O. Box Number is Not Acceptable)  
84 14926 SW 89 LANE  
85 MIAMI  
86 City  
87 MIAMI  
88 FL  
89 Zip Code  
90 33196

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]*

Signature of Registered Agent (separate address and authority)

DATE

12. OFFICERS AND DIRECTORS

|                 |                    |                                            |
|-----------------|--------------------|--------------------------------------------|
| TITLE           | P                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | LOGREIRA, EFRAIN H |                                            |
| STREET ADDRESS  | 13811 SW 108 ST    |                                            |
| CITY - ST - ZIP | MIAMI FL           |                                            |
| TITLE           |                    | <input type="checkbox"/> DELETE            |
| NAME            |                    |                                            |
| STREET ADDRESS  |                    |                                            |
| CITY - ST - ZIP |                    |                                            |
| TITLE           |                    | <input type="checkbox"/> DELETE            |
| NAME            |                    |                                            |
| STREET ADDRESS  |                    |                                            |
| CITY - ST - ZIP |                    |                                            |
| TITLE           |                    | <input type="checkbox"/> DELETE            |
| NAME            |                    |                                            |
| STREET ADDRESS  |                    |                                            |
| CITY - ST - ZIP |                    |                                            |
| TITLE           |                    | <input type="checkbox"/> DELETE            |
| NAME            |                    |                                            |
| STREET ADDRESS  |                    |                                            |
| CITY - ST - ZIP |                    |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                   |                                                                              |
|----------------------|-------------------|------------------------------------------------------------------------------|
| 1. TITLE             | PRESIDENT         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME              | MARIA A. LOGREIRA |                                                                              |
| 3. STREET ADDRESS    | 14926 SW 89 LN    |                                                                              |
| 4. CITY - ST - ZIP   | MIAMI A 33196     |                                                                              |
| 5. TITLE             |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6. NAME              |                   |                                                                              |
| 7. STREET ADDRESS    |                   |                                                                              |
| 8. CITY - ST - ZIP   |                   |                                                                              |
| 9. TITLE             |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME             |                   |                                                                              |
| 11. STREET ADDRESS   |                   |                                                                              |
| 12. CITY - ST - ZIP  |                   |                                                                              |
| 13. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME             |                   |                                                                              |
| 15. STREET ADDRESS   |                   |                                                                              |
| 16. CITY - ST - ZIP  |                   |                                                                              |
| 17. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME             |                   |                                                                              |
| 19. STREET ADDRESS   |                   |                                                                              |
| 20. CITY - ST - ZIP  |                   |                                                                              |
| 21. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22. NAME             |                   |                                                                              |
| 23. STREET ADDRESS   |                   |                                                                              |
| 24. CITY - ST - ZIP  |                   |                                                                              |
| 25. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 26. NAME             |                   |                                                                              |
| 27. STREET ADDRESS   |                   |                                                                              |
| 28. CITY - ST - ZIP  |                   |                                                                              |
| 29. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 30. NAME             |                   |                                                                              |
| 31. STREET ADDRESS   |                   |                                                                              |
| 32. CITY - ST - ZIP  |                   |                                                                              |
| 33. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 34. NAME             |                   |                                                                              |
| 35. STREET ADDRESS   |                   |                                                                              |
| 36. CITY - ST - ZIP  |                   |                                                                              |
| 37. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 38. NAME             |                   |                                                                              |
| 39. STREET ADDRESS   |                   |                                                                              |
| 40. CITY - ST - ZIP  |                   |                                                                              |
| 41. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42. NAME             |                   |                                                                              |
| 43. STREET ADDRESS   |                   |                                                                              |
| 44. CITY - ST - ZIP  |                   |                                                                              |
| 45. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 46. NAME             |                   |                                                                              |
| 47. STREET ADDRESS   |                   |                                                                              |
| 48. CITY - ST - ZIP  |                   |                                                                              |
| 49. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 50. NAME             |                   |                                                                              |
| 51. STREET ADDRESS   |                   |                                                                              |
| 52. CITY - ST - ZIP  |                   |                                                                              |
| 53. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 54. NAME             |                   |                                                                              |
| 55. STREET ADDRESS   |                   |                                                                              |
| 56. CITY - ST - ZIP  |                   |                                                                              |
| 57. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 58. NAME             |                   |                                                                              |
| 59. STREET ADDRESS   |                   |                                                                              |
| 60. CITY - ST - ZIP  |                   |                                                                              |
| 61. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62. NAME             |                   |                                                                              |
| 63. STREET ADDRESS   |                   |                                                                              |
| 64. CITY - ST - ZIP  |                   |                                                                              |
| 65. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 66. NAME             |                   |                                                                              |
| 67. STREET ADDRESS   |                   |                                                                              |
| 68. CITY - ST - ZIP  |                   |                                                                              |
| 69. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 70. NAME             |                   |                                                                              |
| 71. STREET ADDRESS   |                   |                                                                              |
| 72. CITY - ST - ZIP  |                   |                                                                              |
| 73. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 74. NAME             |                   |                                                                              |
| 75. STREET ADDRESS   |                   |                                                                              |
| 76. CITY - ST - ZIP  |                   |                                                                              |
| 77. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 78. NAME             |                   |                                                                              |
| 79. STREET ADDRESS   |                   |                                                                              |
| 80. CITY - ST - ZIP  |                   |                                                                              |
| 81. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 82. NAME             |                   |                                                                              |
| 83. STREET ADDRESS   |                   |                                                                              |
| 84. CITY - ST - ZIP  |                   |                                                                              |
| 85. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 86. NAME             |                   |                                                                              |
| 87. STREET ADDRESS   |                   |                                                                              |
| 88. CITY - ST - ZIP  |                   |                                                                              |
| 89. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 90. NAME             |                   |                                                                              |
| 91. STREET ADDRESS   |                   |                                                                              |
| 92. CITY - ST - ZIP  |                   |                                                                              |
| 93. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 94. NAME             |                   |                                                                              |
| 95. STREET ADDRESS   |                   |                                                                              |
| 96. CITY - ST - ZIP  |                   |                                                                              |
| 97. TITLE            |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 98. NAME             |                   |                                                                              |
| 99. STREET ADDRESS   |                   |                                                                              |
| 100. 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)(k), 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 addition with an address.

SIGNATURE:

*[Signature]* - PRESIDENT

4/29/96

238-3430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)