FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 FL
Zip
24 33176
Country
25

2a. Mailing Address
26 14926 SW 89 LN
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOGREIRA, EFRAIN
2660 SW 92ND AVE
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name: MARIA A. LOGREIRA
82 Street Address (P.O. Box Number is Not Acceptable): 14926 SW 89 LANE
83 MIA
84 City: MIAMI FL
85 Zip Code: 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: X Maria A. Logreira
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	LOGREIRA, EFRAIN H	
STREET ADDRESS	13811 SW 108 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	MARIA A. LOGREIRA	
1.3 STREET ADDRESS	14926 SW 89 LN	
1.4 CITY-ST-ZIP	MIAMI FL 33196	
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	200001860892 -06/13/96--01015--012 ***200.00	
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		

5/1

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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 attachment with an address.

SIGNATURE: Maria A. Logreira - PRESIDENT 4/29/96 238-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #