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

3. Date Incorporated or Qualified: 04/14/1989
3a. Date of Last Report: 07/25/1995

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

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 block for registered agent to be signed below upon receipt of approval of change — Its Registered Agent signature required after filing — 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
5.3 STREET ADDRESS	-06/13/96--01015--012
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

5/1 32

CR2E034 (12/95)

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 #