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 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K89258** **(3)**

1. Corporate Name
A-ALL UNIVERSE RAINBOW INSURANCE, INC.

Principal Place of Business
1992 N.E. 8TH STREET
HOMESTEAD FL 33033

Mailing Address
1992 N.E. 8TH STREET
HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/18/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22
Suite Apt. # or — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **65-0121359** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Electronic Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. Does corporation have liability for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ESTRADA, BEATRIZ
1992 N.E. 8TH STREET
HOMESTEAD FL 33033

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 Section 607.0501 and 607.0505 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. The registered office and the registered agent named herein are identical to the registered office and the registered agent last on file with the Division of Corporations, Florida Statutes.

SIGNATURE: Beatriz Estrada 4/27/95
(Type or Print Name of Corporate Officer) (Date)

12. OFFICERS AND DIRECTORS

Title	Name	Address
PSTD	ESTRADA, BEATRIZ	1992 NE 8TH ST. HOMESTEAD FL 33033

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
☐ Change ☐ Add

14. I hereby certify that the information supplied with this form is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on the annual report or amended annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*) in front of it and/or with an address.

SIGNATURE: President 4/27/95 (305)264-8533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
BEATRIZ ESTRADA

0117372 CP