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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:24

DOCUMENT # L49691 (3)

1. Corporation Name
PENINSULA INSURANCE BUREAU, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
10300 SW 72 STREET STE 164 MIAMI FL 33173 US	~~10300 SW 72ND ST STE 412~~ ~~SUITE 164~~ MIAMI FL 33173 US

3. Date Incorporated or Qualified: 02/07/1990
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26 10300 SW 72 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Ste. 164
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

4. FEI Number: 65-0171532 ☐ 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	10. Name and Address of New Registered Agent
PALACIOS, JOSE A. ~~5430 SW 88 PLACE~~ ~~MIAMI FL 33165~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 10300 SW 72 St., Ste. 164 83 84 City: Miami FL 85 Zip Code: 33173

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	PALACIOS, JOSE A.	12 NAME	
STREET ADDRESS	~~5430 SW 88 PLACE~~	13 STREET ADDRESS	10300 SW 72 St., Ste. 164
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami FL 33173
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	PALACIOS, ELSA M	22 NAME	
STREET ADDRESS	~~5430 SW 88 PL~~	23 STREET ADDRESS	10300 SW 72 St., Ste. 164
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL 33173
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurately 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 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 attached sheet, with an address.

SIGNATURE: _____ 1/30/95
Jose A. Palacios, President
(Signature and typed or printed name of individual with authority to sign) (Date) (Daytime Phone Number)

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