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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L49691** **(3)**

1. Corporation Name
PENINSULA INSURANCE BUREAU, INC.

Principal Place of Business	Mailing Address
~~10300 SW 72 STREET~~	~~10300 SW 72ND ST~~
~~STE 164~~	~~STE 164~~
~~MIAMI FL 33173~~	~~MIAMI FL 33173-3000~~
~~US~~	~~US~~

3. Date Incorporated or Qualified: 02/07/1990
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business
21 8181 NW 154 Street
Suite, Apt. #, etc.
22 Ste. 210
City & State
23 Miami Lakes, FL
Zip 24 33016 Country 25 USA

2a. Mailing Address
26 8181 NW 154 Street
Suite, Apt. #, etc.
27 Ste. 210
City & State
28 Miami Lakes, FL
Zip 29 33016 Country 30 USA

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
PALACIOS, JOSE A.
10300 SW 72ND ST., STE 164
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8181 NW 154 St.
83 Ste. 210
84 City Miami Lakes, FL 85 Zip Code 33016

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 of new registered agent, if changed) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	☐ DELETE	1.1 TITLE: DPTS	☒ Change ☐ Addition
NAME: PALACIOS, JOSE A.		1.2 NAME	
STREET ADDRESS: ~~10300 SW 72ND ST., STE 164~~		1.3 STREET ADDRESS: 8181 NW 154 St., Ste. 210	
CITY-ST-ZIP: ~~MIAMI FL~~		1.4 CITY-ST-ZIP: Miami Lakes, FL 33016	
TITLE: ~~VS~~	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: ~~PALACIOS, ELSA M~~	out	2.2 NAME	
STREET ADDRESS: ~~10300 SW 72ND ST., STE. 164~~		2.3 STREET ADDRESS	
CITY-ST-ZIP: ~~MIAMI FL~~		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 added by attachment with an address.

SIGNATURE: President 3/17/97 (305) 824-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Jose A. Palacios — Date — Daytime Phone #

0235160