

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L74744 (8)

1. Corporation Name

**SAND AND GRAVEL HAULERS INSURANCE CONSULTANTS, I
NC.**

Principal Place of Business

**780 NW 42ND AVE
#401
MIAMI FL 33126
US**

Mailing Address

**780 NW 42ND AVE
SUITE #401
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/21/1990

3a. Date of Last Report

03/08/1994

4. FBI Number

65-0200309

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 782 NW 42 AVE STE 348

2a. Mailing Address

26 782 NW 42 AVE STE 348

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

23 MIAMI, FL

27 City & State

27 MIAMI, FL

24 Zip

24 33126

25 Country

25 DADE

29 Zip

29 33126

30 Country

30 DADE

9. Name and Address of Current Registered Agent

**LOPEZ, JORGE A.
3850 WEST FLAGLER STREET
CORAL GABLES FL 33134**

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE P
NAME ALVAREZ, ALBERTO
STREET ADDRESS 780 NW 42ND AVENUE # 501
CITY- ST- ZIP MIAMI FL**

**TITLE V
NAME ARENCIBIA, NANETTE
STREET ADDRESS 780 NW 42ND AVENUE # 501
CITY- ST- ZIP MIAMI FL**

**TITLE T
NAME MEMBIELA, JOAQUIN
STREET ADDRESS 780 NW 42ND AVENUE # 500
CITY- ST- ZIP MIAMI FL**

**TITLE D
NAME LOPEZ, JORGE A.
STREET ADDRESS 3850 W FLAGERS ST
CITY- ST- ZIP CORAL GABLES FL**

**TITLE D
NAME ACOSTA, ALEJANDRO
STREET ADDRESS 12060 NW SOUTH RIVE DR
CITY- ST- ZIP MEDLEY FL**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 1 TITLE P
1 2 NAME ALVAREZ, ALBERTO
1 3 STREET ADDRESS 782 NW 42 AVE STE 348
1 4 CITY- ST- ZIP MIAMI, FL 33126**

**2 1 TITLE V
2 2 NAME ARENCIBIA, NANETTE
2 3 STREET ADDRESS 782 NW 42 AVE STE 348
2 4 CITY- ST- ZIP MIAMI, FL 33126**

**3 1 TITLE T
3 2 NAME MEMBIELA, JOAQUIN
3 3 STREET ADDRESS 782 NW 42 AVE STE 534
3 4 CITY- ST- ZIP MIAMI, FL 33126**

**4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP**

**5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP**

**6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP**

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ALBERTO ALVAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/95

(Type in Filing #)

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