## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

SIGNATURE AND TREE

Jan 23 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # **L91790** (0)ONE WAY AUTO INSURANCE, INC. Mailing Address Principal Place of Business PO BOX 330759 2009 BIRD AVENU MIAMI FL 33233-0759 COCONUT GROVE FL 33123 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1990 06/17/1996 2. Principal Place of Business 2a. Making Address 4. FEI Number Applied For 65-0221192 21 26 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zιρ Country Ζip Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes Yes X No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 MARTIN, ALFREDO, JR. 2809 BIRD AVE 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE FL 33133** 83 City 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. \$ gradual types or product from all registered agent and bile a applicable (NOTE Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSO** DELFTE Change Addition 1.1 THLE TITLE MARTIN, ALFREDO, JR. CR2E034 1.2 NAME NAME 2625 SW 80 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 1.4 CITY - ST - 2IF DELLIE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-7F 2 4 CHY+ST-ZIP DELETE Change Addition 31 TITLE TiTLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-717 DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 54 CHY-ST-ZIP CHY - S\* - 712 DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY - ST - ZIP CITY-ST-7P with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the applying that annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name on an attachment with an address. 14. Edo hereby certify that the information information indicated on this annual rep I am an officer or director of the corpor appears in Block 12 or Block 13 if cha AIFRED MAININ SIGNATURE:

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