

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # L91790		(0)																					
1. Corporation Name: ONE WAY AUTO INSURANCE, INC.																							
Principal Place of Business: 2809 BIRD AVENUE COCONUT GROVE FL 33123 US		Mailing Address: PO BOX 330759 MIAMI FL 33233-0759 US																					
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30																					
9. Name and Address of Current Registered Agent																							
MARTIN, ALFREDO, JR. 2809 BIRD AVE COCONUT GROVE FL 33133			81 Name 82 Street Address 83 84 City																				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																							
SIGNATURE _____ <small>Signature typed or printed in ink of registered agent and filed if applicable. (NOTE: Registered Agent signature required.)</small>																							
OFFICERS AND DIRECTORS																							
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14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed or on an attachment with an address.																							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							



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