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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90177 015 ***150.00

DOCUMENT # L99189 1. Corporat on Name

FRIAS INSURANCE AGENCY, INC.

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2. Principal Place of Business 2a								3. Date Incorporated or Qualifed	Į.			
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27								6 Floring Company Financing		· — — — —		
28		e	├ - ¬ ´					, , ,		,	-	
10 10 10 10 10 10 10 10	Zip	Country	Zip					1 '	rent year			
FRIAS, MARIA-ELENA	24	25		30							I _ No	
FRIAS, MARIA-ELENA		9. Name and Add ess of Curr	ent Registered Agent					10. Name and Address of New	Register	ed Agent		
2742 SW & ST SUITE 19 83 SUITE 19 83 SUITE 19 85 SUITE 19 SUITE 19 SUITE 19 SUITE 19 S				1	81	Name						
SUITE 19- MIAMI FL 33135 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Si citions 607.0502 and 607.1508, Florida Statules, the above-named ocrporation submits this statement for the purpose of changing its registered agent, or bo h, in the State of Florida. Such change was numbrized by the corporation's board of citiectors. I hereby accept the day outlinent as registered agent, and accept the obligations of, Section 607.6505, Florida Statules, the above-named ocrporation submits this statement for the purpose of changing its registered agent, or bo h, in the State of Florida. Such change was numbrized by the corporation's board of citiectors. I hereby accept the day outlinent as registered agent, and accept the obligations of, Section 607.6505, Florida Statules, the above-named ocrporation submits this statement for the purpose of changing its registered agent, or bo h, in the State of Florida. Such change was numbrized by the corporation's bload of citiectors. I hereby accept the day outlinent as registered agent, or bo h, in the State of Florida. Such change was numbrized by the corporation's bload of citiectors. I hereby accept the day outlinent as registered agent, or bo h, in the State of Florida. Such change was numbrized by the corporation's bload of citiectors. I hereby accept the day outlinent as registered agent, and accept the obligation of Change in the corporation's bload of citiectors. I hereby accept the day outlinent as registered agent, and accept the obligation of Change in the corporation's bload of citiectors. I hereby accept the day outlinent as registered agent, and of citiectors. I hereby accept the day outlinent as registered agent, and of citiectors. I hereby accept the day outlinent as registered agent, and of citiectors. In the corporation's bload of citiectors. I hereby accept the day outlinent as registered agent, and of citiectors. I hereby accept the day outlinent as registered agent agent are day of change in the corporation's bload of citiectors. I hereby accept the				1	82	Street A	\cdre	ss (P.O. Box Number is Not Accep	able)			
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11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statutes, the above-named or provation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUFE OFFICERS AND DIRECTORS TITLE D					55							
11. Pursuant to the provisions of Scictions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or bo h, in the State of Florida, Such change was unbridged agent, or bo h, in the State of Floridas Such change was unbridged agent, or bo h, in the State of Floridas Such change was unbridged agent from the provisions of the september of the s	Milital	ii LE 33 135		1	84	City				85 Zip C	ode	
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12	office crin agent. I a	egistered agent, or holb, in the Stat	e of Florida. Such change was a	uthorized	bv th	e corpo	ration	n's board of directors. I hereby acce	pt the ap	rointment as req	g stered	
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14. I herely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(3)(i), Florida Statutes. I further pertify 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered

6.4 CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICI.R OR DIRECTOR

4-23-99 30Er-043-3430