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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

 Corporation 	MENT # MO45	02	(8)							
AMERINSURANCE LIFE, INC.						1 1 1 1 1 1 1 1 1 1				
Principa! Place	of Business	Ma	iling Address				001 01110 01118 1701 0 1	84) 81 9 11 8 1811 818	HE 138 4 139 1 1 88 1	
3401 NW 8	IZND AVE.		3401 NW 82ND AVE.							
STE 300	_		STE 300							
MIAMI FL 3 US	33122		MIAMI FL 33122 US			 Date Incorporated or O 08/29/1984 	ualified 3a. D	Date of Last Re 05/01/19	•	
Principal Pis	ace of Business	2a.	Maixing Address			4. FEI Number			Applied For	
	ice o. positicas	26	The state of the s			59-2456628			Not Applicable	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			5. Certificate of Status De	sired		Additional Required	
City & State		27	City & State			6. Election Campaign Fina	ancing		May Be	
Only is State	i	28	ong or critical			Trust Fund Contribution		•	to Fees	
Zip	Country	- 1	Zip	Country	у	8. This corporation has lis			199.032,	
<u>]</u>	25	29		30		Florida Statutes 10. Name and Address of	Yes No			
	9. Name and Address of Curren	nt Regis	tered Agent	81	I Name	IV. Name and Address (o item neglater	eu Agent		
PPRI:	ANDEZ CILVA LODOS				""	/DO DO N	Acceptable)			
	ANDEZ-SILVA, JORGE NW 82ND AVE., STE. 100			82	Street A	Address (P.O. Box Number is Not a	носертавіе			
	FL 33122			83	3					
***************************************				84	4 City			. 85 Zı	o Code	
					'			-L 3 * '	wistored off	
11. Pursuant t	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	ida Such	7,1508. Florida Statute i change was authorize	s, the above ed by the con	named co poration's	proporation submits this statement to board of directors. I hereby accep	or the purpose of t the appointmen	changing its r t as registered	egistered on:o Lagent. Lam	
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SIGNATURE:

AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)