

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M04562** (8)

1. Corporation Name

AMERINSURANCE LIFE, INC.



Principal Place of Business

Mailing Address

**3401 NW 82ND AVE.
STE 300
MIAMI FL 33122
US**

**3401 NW 82ND AVE.
STE 300
MIAMI FL 33122
US**

3. Date Incorporated or Qualified

08/29/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2456628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ-SILVA, JORGE
3401 NW 82ND AVE., STE. 100
MIAMI FL 33122**

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 of principal or person authorized to register agent on behalf of corporation

Signature of Registered Agent (Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

~~SD~~
**FERNANDEZ-SILVA, ENRIQUE
3401 NW 82ND AVE, STE 300
MIAMI FL**

TITLE ☐ DELETE

**VD
PANTIN, VICTOR M.
3401 NW 82 AVE, STE 300
MIAMI FL**

TITLE ☐ DELETE

**PD
FREYRE, ERNESTO
8840 SW 97 TERR
MIAMI FL**

TITLE ☐ DELETE

**TD
FERNANDEZ-SILVA, JORGE
8041 SW 97 TERR
MIAMI FL**

TITLE ☐ DELETE

~~D~~
**FREYRE, PEDRO A
8541 SW 72 TERR
MIAMI FL**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

VSD

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☒ Addition

ASD

VATD

**MOLL, CARL H.
3401 NW 82 AVE, STE 300
MIAMI FL**

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in the report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO A. FREYRE

4/26/96

(305) 477-5552

DATE

Daytime Phone #

CR2E034 (12/95)