

REMARKS: RETURN TO: CORPORATION WILL BE RECORDED AND ON AFTER JANUARY 1, 1995. ANYONE WHO HAS OR HAS BEEN AWARE OF ANY OF THE ABOVE, SHOULD REPORT TO THE SECRETARY OF STATE.

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # M13928 (0)

1. Corporation Name

CONSOLIDATED INSURANCE BROKERAGE, INC.

95 JUL -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

444 BRICKELL AVE.
SUITE 721
MIAMI FL 33131
US

444 BRICKELL AVE.
SUITE 721
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1985

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2663503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Does this corporation have any

trust funds?

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for interstate tax under 1991/1992
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTAMARIA, ISRAEL
4421 SHERIDAN AVE.
MIAMI BEACH FL 33140

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 607.0507 and 607.1507, 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, Chapter 607, Florida Statutes.

SIGNATURE

NOTE: Registered Agent signature required when resigning.

DATE

6/30/95

12. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	SANTAMARIA, ISRAEL
STREET ADDRESS	4421 SHERIDAN AVE.
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDED, DELETED, OR CHANGED OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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)(b), 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 if changed, or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF CORP. OFFICER OR DIRECTOR

6/30/95

DATE

CERTIFICATE FILED