

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAR -7 PH 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M17662 (1)

1. Corporation Name
MUZA INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address
C/O JOSE E. MUZAUARIETA C/O JOSE E. MUZAUARIETA
151 CRANDON BLVD., #231 151 CRANDON BLVD., #231
KEY BISCAIYNE FL 33149 KEY BISCAIYNE FL 33149
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/03/1985 3a. Date of Last Report 02/21/1994
4. FEI Number 59-2556340 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

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

9. Name and Address of Current Registered Agent
MUZAUARIETA, JOSE E.
151 CRANDON BLVD., #231
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent
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 _____ DATE _____
(Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUZAUARIETA, JOSE E.	1.2 NAME	
STREET ADDRESS	151 CRANDON BLVD., #231	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUZAUARIETA, ADELINA	2.2 NAME	
STREET ADDRESS	151 CRANDON BLVD., #231	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUZAUARIETA-RAMOS, LYNETTE	3.2 NAME	
STREET ADDRESS	16229 NW 84 AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.0720(4), Florida Statutes. I further certify that the information presented on this annual report or supplemental information is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 or block 14, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/24/95 305-446-2198
(Signature typed or printed name of signing officer or director)