

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M17662 (1)

1. Corporation Name
MUZA INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

**C/O JOSE E. MUZAUARIETA
151 CRANDON BLVD., #231
KEY BISCAYNE FL 33149
US**

**C/O JOSE E. MUZAUARIETA
151 CRANDON BLVD. #231
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified 07/03/1985	3a. Date of Last Report 03/07/1995
4. FEI Number 59-2556340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Subst. Act #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MUZAUARIETA, JOSE E.
151 CRANDON BLVD., #231
KEY BISCAYNE 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 607.002 and 607.1506, 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. Thereby accept the appointment as registered agent I am familiar with and accept the obligations of Section 607.005, Florida Statutes.

SIGNATURE

Name, Title, and Address of Current Registered Agent

Name, Title, and Address of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD MUZAUARIETA, JOSE E. 151 CRANDON BLVD., #231 KEY BISCAYNE FL	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	TD MUZAUARIETA, ADELINA 151 CRANDON BLVD., #231 KEY BISCAYNE FL	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY, ST, ZIP	SD MUZAUARIETA-RAMOS, LYNETTE 16229 NW 84 AVE. MIAMI FL	13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE		13.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 CITY, ST, ZIP		13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 TITLE		13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 CITY, ST, ZIP		13.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 TITLE		13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 CITY, ST, ZIP		13.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 TITLE		13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*9885 SW 68 CT
MIAMI FL 33106*

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 entered in as an additional agent with an address.

SIGNATURE:

Adelina Muzaurieta TREA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 305-446-2190
DATE OF FILING FEE

CR2E034 (12/95)