

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90207 011 ***150.00

DOCUMENT # M17718

1. Corporation Name

INSURANCE MANAGEMENT SERVICES, INC.

Principal Place of Business

3915 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

3915 BISCAYNE BLVD.
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1985

4. FEI Number

59-2572605

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MELENDEZ, FRANK
3915 BISCAYNE BLVD.
4TH FLOOR
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name Guy Junger

82 Street Address (P.O. Box Number is Not Acceptable)
3915 Biscayne Blvd.

84 City Miami, FL

85 Zip Code FL 33137

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 *Guy Junger*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE
NAME ESPIN, ROBERTO, JR.
STREET ADDRESS 3915 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE
NAME LUIS ALVAREZ
STREET ADDRESS 3915 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME MOHAMAD, LUCIA
STREET ADDRESS 3915 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME CUADRA, HENRY
STREET ADDRESS 3915 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL

TITLE TDS ☐ DELETE
NAME LOPEZ, JUAN
STREET ADDRESS 3915 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Alvarez, Luis
2.3 STREET ADDRESS 3915 Biscayne Blvd.
2.4 CITY-ST-ZIP Miami, FL 33137

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Star, William
3.3 STREET ADDRESS 3915 Biscayne Blvd
3.4 CITY-ST-ZIP Miami, FL 33137

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Jackson, Shaun
4.3 STREET ADDRESS 3915 Biscayne Blvd.
4.4 CITY-ST-ZIP Miami, FL 33137

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Lopez, Juan
5.3 STREET ADDRESS 3915 Biscayne Blvd.
5.4 CITY-ST-ZIP Miami, FL 33137

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Zuhlke, James
6.3 STREET ADDRESS 3915 Biscayne Blvd.
6.4 CITY-ST-ZIP Miami, FL 33137

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

SIGNATURE:

Juan A. Lopez 4-29-99(305)576-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)