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Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M32979 (0)

1. Corporation Name  
AUROMAR INSURANCE AGENCY, INC.



Principal Place of Business

8732 N.W. 32ND AVE  
MIAMI FL 33147-2935

Mailing Address

8732 N.W. 32ND AVE  
MIAMI FL 33147-3706

3. Date Incorporated or Qualified  
06/01/1986

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

4. FEI Number  
59-2677838

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

COLLAZO, MARIO  
9301 N.W. 32ND AVE  
MIAMI FL 33147

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 607.1506, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature for principal officer or director and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COLLAZO, MARIO  
STREET ADDRESS 9301 NW 32ND AVE  
CITY, ST, ZIP MIAMI FL  
TITLE STD  
NAME COLLAZO, AURORA  
STREET ADDRESS 9301 NW 32ND AVENUE  
CITY, ST, ZIP MIAMI 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

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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  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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; the receiver of 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO P. COLLAZO 3/18/97

Date

305 691-0067

Daytime Phone #

0006738

CR2E034 (9/96)