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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 20 1998 8:00am

Secretary of State

Ext. 3379

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M47949

(6)

JPC INSURANCE UNDERWRITERS INCORPORATED

Principal Place of Business Mailing Address					INE DIEN DIDN SINN DIDN DEUN DIDN (CD)	
2500 NW 79 AVE. MIAMI FL 33122 US		2500 NW 79 AVE. Miami Fl. 33122 US		DO NOT WRITE	IN THIS SPACE	
		00	00		3. Date Incorporated or Qualified	
				03/09/1987		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	<u> </u>	26	·	65-0178268	Not Applicable	
Suite, Apt. #, etc.		Suito, Apt. #, etc.	27		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	Country	28	Country	Trust Fund Contribution	Added to Fees	
Zip	Country 25	Z _I p 29	Country	 This corporation owes or has pa Personal Property Tax due June 	~ ^ ~ ~ ~ ~	
24	9. Name and Address of Cu		[30]	10. Name and Address of New Re		
LOPEZ, JORGE A 81 Name						
OFOO ANY FOTH AVE			20 00-04	PERRY I. CONE 82 Street Address (P.O. Box Number is Not Acceptable) 2500 NW. 79th Ave.		
			82 Street A			
INAMIN POOLEE			83			
			94 00		les l Zio Codo	
			84 City	Miami	FL 85 Zip Code 33122	
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 register office or registered agent, or bottlij in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register						
office or registered agent, or both an 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 abbligations of, Section 607.0505, Florida Statules.						
SIGNATURE		, your perry i	. CONE	4/13/98		
		diagent and lifted applicable (NOT)	F Registered Agent signature re		DATE	
12.		AND DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DVT/ TORGAS, ED S.	☐ DELETE	1.1 TITLÉ		☐ Change ☐ Addition	
NAME	2500 NW 79 AVE		1.2 NAME		i	
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS			
CITY-\$T-ZIP	VDA	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	SOTO, JOHN M.		2.2 NAME		onango realism	
STREET ADDRESS	2500 NW 79 AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - S1 - ZIP			
TITLE	V	☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	GONZALEZ, MARLEN		3.2 NAME			
STREET ADDRESS	2500 NW 79 AVE		3.3 STREE1 ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-S1-ZIP			
TITLE	S	X DELETÉ	4.1 TITLE	S	Change Addition	
NAME	LOPEZ, JORGE A		4. 2 NAME	PERRY I. CONE		
STREET ADDRESS	2500 NW 79 AVE		4.3 STREET ADDRESS	2500 NW. 79th Ave. Miami, FL. 33122		
CITY-ST-ZIP	MIAMI FL	T Delete	4.4 CITY - ST - ZIP	Miami, FL. 33122		
TITLE	PD	☐ DELETE	5.1 TITLE		Change Addition	
NAME	ALVAREZ, JOSE M		5.2 NAME			
STREET ADDRESS	2500 NW 79 AVE MIAMI FL		5.3 STREET ADDRESS		İ	
CITY-ST-ZIP TITLE	MINNI FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME !		percit	6.1 NAME		Change Chroning	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6 4 CITY - ST - ZIP			
14. I hereby c			r the exemption stated	in Section 119.07(3)(i), Florida Statutes. I		
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 eath; 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: (305) 715–0000						

HOSE M. ALVAREZ (Director