

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90281 013 \*\*\*150.00

DOCUMENT # M58119

1. Corporation Name

BARINAGA INSURANCE AGENCY INC.

Principal Place of Business

Mailing Address

1250 SW 27 Av #204  
MIAMI, FL. 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

APR 27, 1987

2. Principal Place of Business

2a. Mailing Address

1250 SW 27 Av #204

1250 SW 27 Av #204

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL. 33135

Zip

33135

Country

DADE

Zip

33135

Country

DADE

4. FEI Number

65-0004455

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

9. Name and Address of Current Registered Agent

CARLOS M. MACHADO ESQ.

1000 BRICKELL AV SUITE 610  
MIAMI, FL. 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRES, DIRECTOR ☐ DELETE

NAME JORGE L. BARINAGA  
STREET ADDRESS 1250 SW 27 Av #204  
CITY-ST-ZIP MIAMI, FL. 33135

TITLE SEC, TREASURER, DIRECTOR ☐ DELETE

NAME JUAN C. BARINAGA  
STREET ADDRESS 1250 SW 27 Av #204  
CITY-ST-ZIP MIAMI, FL. 33135

TITLE DIRECTOR ☐ DELETE

NAME SAIDY S. BARINAGA  
STREET ADDRESS 1250 SW 27 Av #204  
CITY-ST-ZIP MIAMI, FL. 33135

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE L. BARINAGA 4/23/99 305-643-4033

PRESIDENT

Date

Daytime Phone #

CR2E034 (11/98)