

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

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**Feb 04 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 # M62546 (0)**  
1. Corporation Name  
**MANGAS INSURANCE AGENCY INC.**



Principal Place of Business: **941 A SW 87TH AVENUE MIAMI FL 33174 US**  
Mailing Address: **C/O EUGENIO MANGAS 941-A S.W. 87TH AVE. MIAMI FL 33174-3206 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **11/16/1987**  
3a. Date of Last Report: **02/19/1996**  
4. FEI Number: **65-0056407**  
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  
**MANGAS, EUGENIO, J.  
941-A S.W. 87TH AVE.  
MIAMI FL**

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: *Eugenio J. Mangas* **EUGENIO J. MANGAS** 1-28-97  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PD                | <input type="checkbox"/> DELETE |
| NAME           | MANGAS, EUGENIO   |                                 |
| STREET ADDRESS | 6860 SW 132ND PL. |                                 |
| CITY-ST-ZIP    | MIAMI FL          |                                 |
| TITLE          | VST               | <input type="checkbox"/> DELETE |
| NAME           | MANGAS, LUISA     |                                 |
| STREET ADDRESS | 6860 SW 132ND PL. |                                 |
| CITY-ST-ZIP    | MIAMI FL          |                                 |
| TITLE          | D                 | <input type="checkbox"/> DELETE |
| NAME           | MANGAS, LUISA     |                                 |
| STREET ADDRESS | 6860 SW 132ND PL. |                                 |
| CITY-ST-ZIP    | MIAMI FL          |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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 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 in an attachment with an address.

SIGNATURE: *Eugenio J. Mangas* **EUGENIO J. MANGAS** 1-28-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)