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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M62854** **(8)**

1. Corporation Name

INSURANCE FREEDOM, INC.

Principal Place of Business	Mailing Address
3636 NW 22 AVE MIAMI FL 33142 US	3636 NW 22 AVE MIAMI FL 33142 US

2. Principal Place of Business	2a. Mailing Address
21 3109 N.W. 27 Ave.	26 P.O. BOX 420769
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Miami, Fl.
23 City & State Miami, Fl.	28 City & State Miami, Fl.
24 Zip 33142 25 Country U.S.A.	29 Zip 33242 30 Country U.S.A.

3. Date Incorporated or Qualified: 11/23/1987

3a. Date of Last Report: 04/26/1995

4. FEI Number: 65-0018446 ☐ 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

HERNANDEZ, GILBERTO
3636 NW 22 AVE
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name: LOPEZ, ORLANDO

82 Street Address (P.O. Box Number is Not Acceptable): 3109 N.W. 27 Ave.

83

84 City: Miam, **FL** 85 Zip Code: 33142

11. Pursuant to the provisions of Section 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] ORLANDO LOPEZ D 2-21-96
(If the Registered Agent is an individual, that individual must sign.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JIMENEZ, AMERICO 3636 NW 22 AVE NORTH MIAMI FL	☒ DELETE	1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	PD LOPEZ, ORLANDO 3109 N.W. 27 Ave. Miami, Fl.33142	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOPEZ, ORLANDO 3636 NW 22ND AVE. MIAMI FL	☒ DELETE	2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	V GONZALEZ, CRISTOBAL 3109 N.W. 27 Ave. Miami, Fl. 33142	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOPEZ, ENRIQUE 3636 NW 22ND AVE. MIAMI FL	☒ DELETE	3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	T PEREZ, AMERICO 3109 N.W. 27 Ave. Miami, Fl. 33142	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PIERRE-LOUIS, FERNAND 3109 N.W. 27 Ave. Miami, Fl. 33142	☐ DELETE	4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, GILBERTO 3109 N.W. 27 Ave. Miami, Fl. 33142	☐ DELETE	5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted, or on an attachment with an address.

SIGNATURE: [signature] ORLANDO LOPEZ D 2-21-96 305 885 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #