


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47253** (2)

1. Corporation Name

SPECIALTY AGENTS OF DADE COUNTY, INC.

Principal Place of Business

**8824 CORAL WAY
MIAMI FL 33155**

Mailing Address

**8824 CORAL WAY
MIAMI FL 33155**



3. Date Incorporated or Qualified

02/10/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0309533

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

**GRIMSLEY, CHARLES J
8824 CORAL WAY
MIAMI FL 33165**

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 617.0502 and 617.1508, 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 617.0503, 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 **PD** ☐ DELETE
NAME **VIZCAYA, VICTOR**
STREET ADDRESS **1350 N.W. 38 ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE **VPD** ☐ DELETE
NAME **VASQUEZ, ARNULFO**
STREET ADDRESS **29 N.W. 37TH AVENUE**
CITY - ST - ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE
NAME **RIVERO, NESTOR**
STREET ADDRESS **8824 CORAL WAY**
CITY - ST - ZIP **MIAMI FL**

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 **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **VASQUEZ ARNULFO**
1.3 STREET ADDRESS **29 N.W. 37TH AVE.**
1.4 CITY - ST - ZIP **MIAMI FLA.**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **RIVERO, NESTOR**
2.3 STREET ADDRESS **8824 CORAL WAY**
2.4 CITY - ST - ZIP **MIAMI FLA.**

3.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
3.2 NAME **PLINIO GONZALEZ**
3.3 STREET ADDRESS **7991 SW. 172 ST.**
3.4 CITY - ST - ZIP **MIA. FLA. 33166**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
4.2 NAME **LAINE FAINGEIN**
4.3 STREET ADDRESS **13620 SW 82 AVE.**
4.4 CITY - ST - ZIP **MIAMI FLA.**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nestor Rivero

Date

6/10/96

Daytime Phone #

271-2400

0006110

CR2E037 (3/96)