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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

582854 - 90004 - 40

DOCUMENT # N47253

1. Corporation Name
SPECIALTY AGENTS OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
13620 SW 82 AVE MIAMI FL 33158 US	~~13620 SW 82 AVE~~ ~~MIAMI FL 33158~~ ~~US~~ 11300 NW 87 ct Suite 150 Hialeah Gardens FL 33018

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 #150 Hialeah Gardens FL 33018	02/10/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0309533 — Applied For ☐ Not Applicable ☒
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIMSLEY, CHARLES J 13620 SW 82 AVE MIAMI FL 33158	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 N.A. — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME	VASQUEZ, ARNOLFO		1.2 NAME	Efren Serrate
STREET ADDRESS	29 NW 37TH AVENUE		1.3 STREET ADDRESS	1475 w. OKeechobee RD Suite #4
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Hialeah FL 33010
TITLE	D	☒ DELETE	2.1 TITLE	Lissette Perez ☐ Change ☒ Addition
NAME	PLINIO, GONZALEZ		2.2 NAME	Vice-President
STREET ADDRESS	4991 SW 122 ST		2.3 STREET ADDRESS	1475 w. OKeechobee RD Suite #4
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Hialeah FL 33010
TITLE	D	☒ DELETE	3.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	FAINSTEIN, CLAIRE		3.2 NAME	Humberto Gonzalez
STREET ADDRESS	13620 SW 83 AVENUE		3.3 STREET ADDRESS	11300 NW 87 ct #150
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Hialeah Gardens FL 33018
TITLE		☐ DELETE	4.1 TITLE	Raquel Santos ☐ Change ☒ Addition
NAME			4.2 NAME	Secretary
STREET ADDRESS			4.3 STREET ADDRESS	5982 W 16 Ave Hialeah FL 33012
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Director ☐ Change ☒ Addition
NAME			5.2 NAME	Laurindo Pardo
STREET ADDRESS			5.3 STREET ADDRESS	11300 NW 87 ct # 150
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Hialeah Gardens FL 33018
TITLE		☐ DELETE	6.1 TITLE	Director ☐ Change ☒ Addition
NAME			6.2 NAME	Craig Fainstein
STREET ADDRESS			6.3 STREET ADDRESS	223 NW 27 Ave Miami FL 33125
CITY-ST-ZIP			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 617, 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 REQUIRED Humberto Gonzalez (Treasurer) 4-29-99 (305) 790-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)