FILE NOW: FILING FEE AFTER MAY 15, IS $400.00

PROFIT CORPORATION ANNUAL REPORT 2001

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

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90112 045 ***150.00

[redacted]

DOCUMENT # P00000114003

1. Corporation Name
A+D INSURANCE GROUP, INC

Principal Place of Business
4172 W 12 ave
Hialeah, Fl 33012

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-13-2000

4. FEI Number: 65-1060384 — Applied For / Not Applicable

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. | Suite, Apt. #, etc.
22 | 27
City & State | City & State
23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

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
Ann Vazquez
4172 W 12 Ave
Hialeah, Fl 33012

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 ____________________ 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	P,S,D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Ann Vazquez	1.2 NAME	
STREET ADDRESS	5264 W 25 Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl 33016	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 — Date — Daytime Phone #

CR2E034 (11/00)

Attachment
A00083155

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 17, 2001

A. AND D. INSURANCE GROUP INC.
4172 WEST 12TH AVENUE
HIALEAH, FL 33012

SUBJECT: A. AND D. INSURANCE GROUP INC.
Ref Number: P00000114003

Thank you for your letter of July 3, 2001, which has been forwarded to me for response.

Our fiscal records do not indicate that your check has been cashed. If your check is still outstanding you will need to issue a new check for $150.00 and resubmit it with the attached report. However, if the check clears your bank, please contact my office at (850) 245-6059.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 201A00047204