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

PROFIT CORPORATION



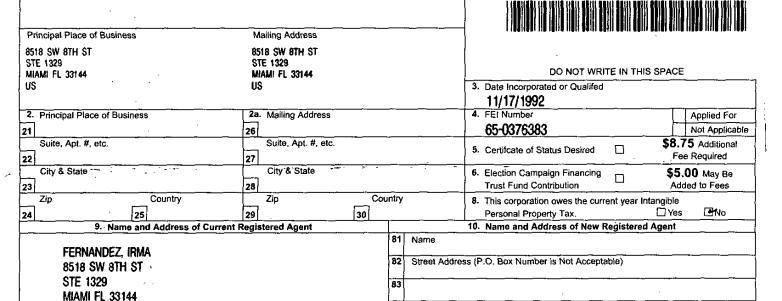
FLORIDA DEPARTMENT OF STATE

Katherine Harris

PROTEJO INSURANCE SERVICES, INC.

ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 04-16-1999 90059 010 ***150.00 DOCUMENT # P9200005239

Apr 16, 1999 8:00 am Secretary of State



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

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		1.1 TITLE	Change Addition
<i>tur</i> E }			Countie Dubanon
NAME	FERNANDEZ, ARNALDO	1.2 NAME	
STREET ADDRESS	8518 S.W. 8TH ST., #1329	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
ππLE	D DELETE	2.1 TITLE	Change Addition
NAME	FERNANDEZ, IRMA	2.2 NAME	
STREET ADDRESS	8518 S.W. 8TH ST. #1329	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	□ OELETE [®]	3.1 TITLE	- Change ☐ Addition
NAME		3.2 NAME	•
STREET ADDRESS	of Congress of the Walter	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	. P	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filling 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 reported by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: <

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip Code

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