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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P92000006024 (3)**

1. Corporation Name
A & L INSURANCE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
20 S.W. 67TH COURT MIAMI FL 33144	20 S.W. 67TH COURT MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1992**
3a. Date of Last Report: **05/27/1994**

2. Principal Place of Business	2a. Mailing Address
21 151 MAJORCA AVE	26 151 MAJORCA AVE
22 Suite, Apt. #, etc. SUITE D	27 Suite, Apt. #, etc. SUITE D
23 City & State CORAL GABLES, FL	28 City & State CORAL GABLES, FL
24 Zip 33134 25 Country DADE	29 Zip 33134 30 Country DADE

4. FEI Number: **65-0371753** ☐ 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	10. Name and Address of New Registered Agent
GARCIA, ARISTIDES M 20 S.W. 67TH COURT MIAMI FL 33144	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 manually signed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	GARCIA, ARISTIDES M	12 NAME	
STREET ADDRESS	20 S.W. 67TH COURT	13 STREET ADDRESS	151 MAJORCA AVE SUITE D
CITY-ST-ZIP	MIAMI FL 33144	14 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TD	21 TITLE	☒ Change ☐ Addition
NAME	GARCIA, MARTA M	22 NAME	
STREET ADDRESS	20 S.W. 67TH COURT	23 STREET ADDRESS	151 MAJORCA AVE SUITE D
CITY-ST-ZIP	MIAMI FL 33144	24 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	GARCIA, NORMA	32 NAME	
STREET ADDRESS	20 S.W. 67H CT.	33 STREET ADDRESS	151 MAJORCA AVE SUITE D
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added on an attachment with an asterisk.

SIGNATURE: [signature] Norma Garcia, V.P 4/26/95 (305) 461-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180300 CP