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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90196 050 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300006695

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

SAVOY INSURANCE AGENCY CORP.

·						iri amiria Arrea Erri	6 (8(8) El/! (88)
Principal Plac	ce of Business	Mailing Address					
3129 W 70TH		15476 N W 77TH COURT					
HIALEAH FL 33018		#620		DO NOT WRITE IN THIS SPACE			
US		MIAMI LAKES FL 33016 US		3. Date incorporated or Qualifed			
					01/22/1993		
A Disciple	Non- of Business	2a. Mailing Address			4. FEI Number		pplied For
\vdash \sim \sim	Place of Business				65-0385451		ot Applicable
21 8 10 5	# 379 - 27 OTTER	Suite, Apt. #, etc.			00 0000401		Additional
Suite, Apt.	. #, etc.	<u> </u>			5. Certifcate of Status Desired		equired
City & Sta	to	City & State			6. Election Campaign Financing	\$5.00	May Be
23 1/1/	ini Harida	28	'		Trust Fund Contribution		to Fees
Zip .	Country	Zip	Count	try	8. This corporation owes the current year	Intangible	/
Z4 33/2	55 25 DADE	29 30			Personal Property Tax.	☐Yes	DZ No
241 20.0	9. Name and Address of Current		-		10. Name and Address of New Registere	d Agent	
		<u></u>	- 1	31 Name			
	NOZ, JORGE J		٠, ٢		(D.O. D. M.)		
3129 WEST 70TH STREET			{	Street Addr	ess (P.O. Box Number is Not Acceptable)		
HIAL	LEAH FL 33016		1	33			
			L	<u> </u>			
			[1	34 City	F	85 Zip	Code
dd Duran - ad	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the ab	ove-named com	oration submits this statement for the purpose		s registered
office or I	registered agent or both in the State of	of Florida. Such change was auth	horized I	by the corporation	on's board of directors. I hereby accept the app	pointment as r	egistered
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statut	es.			
SIGNATURE		ALOSE D	1.1.2.4.4		d when reinstating) DATE		
12	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	TVD	DELETE	1.1 TUL	E 1	, about the of the total of the	Change	
	MUNOZ, JORGE		1.2 NAV			_ •	-
NAME	- 100 MM - 0T			EET ADDRESS			
STREET ADDRESS	MIAMI FL			1	•		
CITY-ST-ZIP	ND	DELETE	2.1 TITL	/-ST-ZIP			
TILE ~	1			두		☐ Change	☐ Addition
NAME	MUNOZ, BARBARA					☐ Change	Addition
STREET ADDRESS	0400 M 70 CT		2.2 NAW	Œ		Change	☐ Addition
CITY-ST-ZIP	1		2.2 NAW 2.3 STR	EET ADDRESS		☐ Change	☐ Addition
	3129 W 70 ST MIAMI FL		2.2 NAM 2.3 STR 2.4 CIT	EET ADDRESS Y-ST-ZIP			
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		DELETE	2.2 NAW 2.3 STR 2.4 CFT 3.1 TITL 3.2 ÑĀN	EET ADDRESS Y-ST-ZIP E			
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.