

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:02

DOCUMENT # P93000006819 (5)

1. Corporation Name

RELANCE ADJUSTERS, INC.

Principal Place of Business

410 E. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009
US

Mailing Address

410 E. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
06/16/1994

2. Principal Place of Business
21 10111 SW 134 PL. MIAMI FL 33186

2a. Mailing Address
26 10111 SW 134 PL. MIAMI FL 33186

4. FEI Number
65-0397003

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip
33186

Country
USA

Zip
33186

Country
USA

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

MARTINEZ, OSCAR G JR
410 E. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10111 SW 134 PL

83

84 City MIAMI

FL

85 Zip Code 33186

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 607.0593, Florida Statutes.

SIGNATURE

Oscar G. Martinez Jr.

Oscar G. Martinez Jr.

2-16-95

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARTINEZ, OSCAR JR
10111 SW 134 PL
MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HECKER, MYRON
1201 S. OCEAN DR., #2403NORTH
HOLLYWOOD FL 33019

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 310.02(1)(b), 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 registrar or auditor empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 of this report if changed or on an attachment with an address.

SIGNATURE:

Oscar G. Martinez Jr.

Oscar G. Martinez Jr.

2-16-95 305-385-5397

(NOTE: Registered Agent Signature required when reappointing)

DATE