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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300006819 (5)

RELIANCE ADJUSTERS, INC.

FILED Mar 05 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address						# (001/00) 100 18/00 PINA		- din 				
				10111 9/134TH PL MIAMI FL 33186								
US			US	US				3. Date Incorporated or O	ualified	3a. Date		
								01/25/1993		0	2/21/	
2. Principal Plac	e of Busines		2a. Mailing	Address	$\Omega_{\rm col}$	1		4. FEI Number			L	Applied For
		26 [0]]	26 1011 SW 1341 PL				65-0397003 Not Applica					
Suite, Apt. #,	etc.		Suite,	Apt. #. etc.				5. Certificate of Status De	sired			75 Additional ee Required
City & State			City & 28	State		1		6. Election Campaign Fina Trust Fund Contribution				.00 May Be ded to Fees
Zip		Country	Zip		Count	try		8. This corporation has lia	bility for i	ntangible ta	ax unde	s 199.032,
	ļ.	25	29		30			Florida Statutes	Yes	XX No		
L		and Address of Cui		Agent				10. Name and Address of	f New R	egistered	Agent	
					8	31 M	Name					
MARTINEZ, OSCAR G JR						32 5	Street Addr	ddress (P.O. Box Number is Not Acceptable)				
10111 SI MIAMI FI	W 134TH F	PL				33						
MIPMIF	L 33 100				E	84 (City			FL	85	Zip Gode
								ation submits this statement for			200100	te registered off
5	Signature, typed o	or printed hanne of registers:	ago taratime il apoci able		Vott Brigisteres A	Agront Si	agradisto reapore	d other, remissionig		DATE		
SIGNATURES	Signature, typed c		AND DIRECTORS		13.		agratine require	ADDITIONS/CHANGES	TO OFF	ICERS AN		
12.	DP	OFFICERS	AND DIRECTORS	() DELFTE	13. 1 1 III	LF.	agenature requires	d vet en revisablesji ADDITIONS/CHANGES	S TO OFF	ICERS AN	D DIREC	
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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)(k). Florida Statutes. Firther certify that the information indicated on this annual report or suppliemental 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 13 or Block 13 or changed, or on an attachment with an address.

Scar C. Northine 2. The

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

2-29-96 3-5-385-5397