

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000020579 (7)

1. Corporation Name

BAC INSURANCE CORP.



Principal Place of Business

Mailing Address

848 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131  
US

444 BRICKELL AVE.  
PLAZA #6  
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 848 BRICKELL AVE.

22 City & State

27 900

23 Zip

Country

28 MIAMI, FLORIDA

29 33131

Country  
30 USA

3. Date Incorporated or Qualified  
03/18/1993

3a. Date of Last Report  
02/03/1995

4. FEI Number

65-0401756

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

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME PELLAS, ALFREDO  
STREET ADDRESS 444 BRICKELL AVE., PLAZA 6  
CITY-ST-ZIP MIAMI FL

TITLE DP ☐ DELETE

NAME LEON, JOSE  
STREET ADDRESS 444 BRICKELL AVE., PLAZA 6  
CITY-ST-ZIP MIAMI FL

TITLE DT ☐ DELETE

NAME CHAMORRO, ALAN  
STREET ADDRESS 444 BRICKELL AVE., PLAZA 6  
CITY-ST-ZIP MIAMI FL

TITLE DS ☒ DELETE

NAME DELGADILLO, OSCAR  
STREET ADDRESS 444 BRICKELL AVE, PLAZA 6  
CITY-ST-ZIP MIAMI FL

TITLE DVP ☐ DELETE

NAME GUILLEN, GUILLERMO  
STREET ADDRESS 444 BRICKELL AVE, PLAZA 6  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME SORDO, JOHNNY  
STREET ADDRESS 444 BRICKELL AVE, PLAZA 6  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☒ Change ☐ Addition

1.2 NAME PELLAS, ALFREDO  
1.3 STREET ADDRESS 848 BRICKELL AVE. SUITE 900  
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

2.1 TITLE DP ☒ Change ☐ Addition

2.2 NAME LEON, JOSE  
2.3 STREET ADDRESS 848 BRICKELL AVE. SUITE 900  
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

3.1 TITLE DT ☒ Change ☐ Addition

3.2 NAME CHAMORRO, ALAN  
3.3 STREET ADDRESS 848 BRICKELL AVE. SUITE 900  
3.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DVP ☒ Change ☐ Addition

5.2 NAME GUILLEN, GUILLERMO  
5.3 STREET ADDRESS 848 BRICKELL AVE. SUITE 900  
5.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME SANCHEZ, RAFAEL  
6.3 STREET ADDRESS 848 BRICKELL AVE, SUITE 900  
6.4 CITY-ST-ZIP MIAMI, FLORIDA 33131

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 19.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

Date

Daytime Phone #

CR2E034 (12/95)