

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90021 069 ***550.00
06-16-1999 90021 070 *****8.75

DOCUMENT # P93000020579

1. Corporation Name

BAC INSURANCE CORP.

Principal Place of Business

848 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131
US

Mailing Address

848 BRICKELL AVE
#900
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1993

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 owes the current year Intangible
Personal Property Tax.



Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, typed 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 848 BRICKELL AVE, #900
CITY-ST-ZIP MIAMI FL

TITLE DP ☐ DELETE

NAME LEON, JOSE
STREET ADDRESS 848 BRICKELL AVE, #900
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SORDO, JUAN JUAN
STREET ADDRESS 848 BRICKELL AVE STE 900
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SANCHEZ, RAFAEL
STREET ADDRESS 848 BRICKELL AVE, #900
CITY-ST-ZIP MIAMI FL

TITLE DVP ☐ DELETE

NAME GUILLEN, GUILLERMO
STREET ADDRESS 848 BRICKELL AVE, #900
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DIRECTOR
1.3 STREET ADDRESS BRUCE CUTHBERTSON
1.4 CITY-ST-ZIP 848 BRICKELL AVENUE, PH
MIAMI, FLORIDA 33131

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DIRECTOR
2.3 STREET ADDRESS LEON DEBAYLE
2.4 CITY-ST-ZIP 848 BRICKELL AVENUE, PH
MIAMI, FLORIDA 33131

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DIRECTOR
3.3 STREET ADDRESS RENALDY GUTIERREZ
3.4 CITY-ST-ZIP 848 BRICKELL AVENUE PH
MIAMI, FLORIDA 33131

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DIRECTOR
4.3 STREET ADDRESS ENRIQUE ARGUELLO
4.4 CITY-ST-ZIP 848 BRICKELL AVENUE, PH
MIAMI, FLORIDA 33131

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME DPAS
5.3 STREET ADDRESS LEON, JOSE
5.4 CITY-ST-ZIP 848 Brickell Ave, #900, Miami, Fl 33131

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME DS
6.3 STREET ADDRESS SANCHEZ, RAFAEL
6.4 CITY-ST-ZIP 848 Brickell ave., #900
Miami, Fl 33131

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0188806

CR2E034 (1/198)