

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -1 AM 11:05

DOCUMENT # **P93000041461 (3)**

**IMMIGRATION CONSULTANTS, PUBLIC NOTARIES & AIR CARRIERS, INC.**

Principal Place of Business  
**629 E. DANIA BEACH BLVD.  
DANIA FL 33004**

Maining Address  
**629 E. DANIA BEACH BLVD.  
DANIA FL 33004**

(PLEASE WRITE IN THIS SPACE)

3. Date incorporated or Qualified: **06/11/1993** 3a. Date of Last Report: **08/30/1994**

2. Principal Place of Business

2a. Mailing Address

21. Same

26. Same

4. FEI Number  
**65-0417910**

Applied For  
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

24. City & State

25. City & State

29. City & State

30. City & State

8. This corporation has liability for unpaid fees under the provisions of Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOME, MARIA A  
2325 SW 81ST ST., UNIT 114  
DANIA FL 33324**

81. Name **Jacome, Maria A.**

82. Street Address P.O. Box Number, if Not Applicable  
**2325 SW 81st Avenue Unit 114**

84. City  
**Dania**

85. Zip Code  
**FL 33324**

11. I, the undersigned, in the presence of two witnesses and two disinterested persons, the above named corporation submits this statement for the purpose of changing its registered agent 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 provisions of Sections 607.0105 and 607.0106, Florida Statutes.

SIGNATURE

*Maria A. Jacome*

(Signature of Registered Agent or Registered Agent's Designee)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS
PS JACOME, MARIA A	629 E. DANIA BEACH BLVD. DANIA FL 33004	N/A	N/A
12c. CITY		13c. NAME	
		13d. ADDRESS	
12d. STATE		13e. NAME	
		13f. ADDRESS	
12e. CITY		13g. NAME	
		13h. ADDRESS	
12f. STATE		13i. NAME	
		13j. ADDRESS	
12g. CITY		13k. NAME	
		13l. ADDRESS	
12h. STATE		13m. NAME	
		13n. ADDRESS	
12i. CITY		13o. NAME	
		13p. ADDRESS	
12j. STATE		13q. NAME	
		13r. ADDRESS	
12k. CITY		13s. NAME	
		13t. ADDRESS	
12l. STATE		13u. NAME	
		13v. ADDRESS	
12m. CITY		13w. NAME	
		13x. ADDRESS	
12n. STATE		13y. NAME	
		13z. ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and equally for the information stated in the last filing. I, the undersigned, Florida Statutes. Further, I certify that the information included in this annual report or supplementary annual report is true and accurate, and that the signature shall have the same legal effect as if it were made by the officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that the name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE:

*Maria A. Jacome*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

April 2, 1995 (306) 927-3326

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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
CORPORATION  
COUNTY

**DOCUMENT # P93000041645 (1)**

1. Corporation Name:  
**ALL INSURANCE SERVICES II, INC.**

Principal Place of Business: **6855 W 4 AVE HIALEAH FL 33014**  
Mailing Address: **6855 W 4 AVE HIALEAH FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **06/14/1993**      3a. Date of Last Report: **10/28/1994**  
4. FEI Number: **65-0417378**      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 § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**  
Subtr. Apt. # etc.: **22**      Subtr. Apt. # etc.: **27**  
City & State: **23**      City & State: **28**  
Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent:  
**GONZALEZ, IRVING J  
4431 SW 64 AVE.  
SUITE 112  
DAVE FL 33314**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
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 of Registered Agent or Registered Agent's Representative)      (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>
NAME	<b>GARCIA, JOSE</b>
STREET ADDRESS	<b>6855 W 4 AVE.</b>
CITY, ST, ZIP	<b>HIALEAH FL 33014</b>
TITLE	<b>VSD</b>
NAME	<b>GARCIA, ELOY</b>
STREET ADDRESS	<b>6855 W 4 AVE.</b>
CITY, ST, ZIP	<b>HIALEAH FL 33014</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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(2)(b), Florida Statutes. I further certify that the information contained 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. 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 13 or 14, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18/95