

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000041645 (1)

1. Corporation Name

ALL INSURANCE SERVICES II, INC.

Principal Place of Business

**6855 W 4 AVE
HALEAH FL 33014**

Mailing Address

**6855 W 4 AVE
HALEAH 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

**GONZALEZ, IRVING J
4431 SW 64 AVE.
SUITE 112
DAVIE FL 33314**

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 of the person named as registered agent and the corporation

(Note: Registered Agent signature required when functioning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PTD
GARCIA, JOSE
6855 W 4 AVE.
HALEAH FL 33014**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSD
GARCIA, ELOY
6855 W 4 AVE.
HALEAH FL 33014**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

**500001798895
-04/29/96--01062--031
***200.00**

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)