**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P93000045190 (4)**

1. Corporation Name
**INSURE SMART, INC.**

Principal Place of Business
**9990 S.W. 77TH AVENUE**
**SUITE 330**
**MIAMI FL 33150-2699**

Mailing Address
**9990 S.W. 77TH AVENUE**
**SUITE 330**
**MIAMI FL 33156-2661**

3. Date Incorporated or Qualified: **06/25/1993**
3a. Date of Last Report: **06/19/1996**

2. Principal Place of Business
21 7884 W. FLAGLER ST.
Suite, Apt. #, etc
22
City & State
23 MIAMI FL
Zip 24 33144 Country 25 DADE

2a. Mailing Address
26 7884 W. FLAGLER ST
Suite, Apt. #, etc
27
City & State
28 MIAMI FL
Zip 29 33144 Country 30 DADE

4. FEI Number: **65-0429426** ☐ 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

**MARGOLIS, JOHN A ESQ.**
**9990 S.W. 77TH AVENUE**
**SUITE 330**
**MIAMI FL 33156-2699**

10. Name and Address of New Registered Agent

81 Name: JOHN MARGOLIS
82 Street Address (P.O. Box Number is Not Acceptable): 7884 W. FLAGLER ST
83
84 City: MIAMI FL 85 Zip Code: 33144

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: John Margolis
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PS | ☐ DELETE |
| NAME | NIEVES, ANA | |
| STREET ADDRESS | 7884 W. FLAGLER ST | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | VT | ☐ DELETE |
| NAME | DITZIAN, GREGG | |
| STREET ADDRESS | 7884 W. FLAGLER ST | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I (we) 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.

**SIGNATURE:** [signature] 2/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0213890