

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000046405 (5)**

1. Corporation Name

A - BEST INSURANCE ASSOCIATES, INC.

Principal Place of Business

**1242 W 44TH PLACE
HALEAH FL 33012
US**

Mailing Address

**1242 W 44TH PLACE
HALEAH FL 33012
US**

FILED

97 JUL 18 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

06/21/1996

4. FEI Number

65-0423157

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**TABARES, FELIX
123 NW 27 CT
MIAMI FL 33125**

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's 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 is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
TABARES, FELIX.**
STREET ADDRESS **123 NW 27 CT**
CITY - ST - ZIP **MIAMI FL 33125**

TITLE ☐ DELETE

NAME **WTD
TABARES, FE MARIA**
STREET ADDRESS **123 NW 27 CT**
CITY - ST - ZIP **MIAMI FL 33125**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do 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 REQUIRED**

CR2E034 (4/97)

A-BEST INSURANCE ASSOCIATES INC.

**1242 W 44th Place
Hialeah, FL 33012**

**Office:(305)557-68710
Fax:(305)825-0750**

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July 15, 1997

Division of Corporations
Attn.: Annual Reports
P.O. Box 6327
Tallahassee, FL 32314

Subject: 1997 Annual Report Document #P93000046405

Dear Sirs/Madam

As per our conversation with one of your Customer Representative, we never received the first notice of payment due for the 1997 report however we did receive a second notice that was damaged, that is when we noticed that we had not made the payment and decided to call you.

The address listed on the second notice is correct, however we have had problems with other mailing before. We apologize for inconvenience caused and are enclosing payment within this letter.

We appreciate your cooperation on the above matter.

Sincerely,


Felix J. Tabares
President