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FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000055722 (1)

1. Corporation Name

AMERICAN ASSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

5600 S.W. 135TH AVE  
SUITE NO. 202-B  
MIAMI FL 33183

5600 S.W. 135TH AVE  
SUITE NO. 202-B  
MIAMI FL 33183-5182

2. Principal Place of Business

21 5600 SW 135th Ave

22 Suite, Apt. #, etc.

22 104-B

23 City & State

23 MIAMI, FL

24 Zip

24 33183

25 Country

25 USA

2a. Mailing Address

26 5600 SW 135th Ave

27 Suite, Apt. #, etc.

27 104-B

28 City & State

28 MIAMI, FL

29 Zip

29 33183

30 Country

30 USA

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0428028

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

GUTIERREZ, CAROLL I  
5275 S.W. 146TH AVE.  
MIAMI FL 33175

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME GUTIERREZ, CAROLL  
STREET ADDRESS 5275 S.W. 146TH AVE.  
CITY-ST-ZIP MIAMI FL 33175

TITLE SD ☐ DELETE

NAME GUTIERREZ, NORA S  
STREET ADDRESS 5275 S.W. 146TH AVE.  
CITY-ST-ZIP MIAMI FL 33175

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

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 for on an attachment with an address.

SIGNATURE

Signature

CAROLL E. GUTIERREZ -

0428028 (205) 386-7006

CR2E034 (9/96)