

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90005 048 ***558.75

DOCUMENT # **P93000056064**

1. Corporation Name

AMERIFIRST INSURANCE GROUP, INC.



Principal Place of Business

**8585 SUNSET DR
SUITE 130
MIAMI FL 33143**

Mailing Address

**8470 SW 83 ST
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1993

2. Principal Place of Business

21 9999 SUNSET DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 SUITE 201

27 City & State

23 MIAMI, FL.

24 33124

25 DADE

29 Zip

30 Country

4. FEI Number

65-0428384

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 the current year
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

**MARTINEZ, PLACIDO L
8585 SUNSET DR
SUITE 130
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name PLACIDO L. MARTINEZ

**82 Street Address (P.O. Box Number is Not Acceptable)
8585 SUNSET DR.**

83 SUITE 130

84 City MIAMI

FL

85 Zip Code 33143

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 **Placido Martinez**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7-19-99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MARTINEZ, MELISSA**
STREET ADDRESS **8585 SUNSET DR., SUITE 130**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **ST** ☐ DELETE
NAME **MARTINEZ, PLACIDO L**
STREET ADDRESS **8585 SUNSET DR., SUITE 130**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

Melissa Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-99
Date

(305) 271-5598
Daytime Phone #

CR2E034 (5/99)

0042790