

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000062041 (7)**

1. Corporation Name  
**NATIONALS INSURANCES UNLIMITED, INC.**



Principal Place of Business  
~~658 NW 100 STREET~~  
~~SUITE C-208~~  
~~MIAMI FL 33015~~

Mailing Address  
~~6705 NW 100 STREET~~  
~~SUITE C-208~~  
~~MIAMI FL 33015~~

3. Date Incorporated or Qualified **09/01/1993** 3a. Date of Last Report **12/01/1995**

2. Principal Place of Business  
21 **20140 W Oakmont Circle** 26 **20140 W Oakmont Cir.**

4. FEI Number **65-0474215** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Hialeah FL** 28 **Hialeah FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **33015** 25 **USA** 29 **33015** 30 **USA**

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**

**OFFREDI, PEDRO**  
~~6705 NW 100 STREET~~  
~~SUITE C-208~~  
~~MIAMI FL 33015~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **20140 W Oakmont Circle**  
83  
84 City **Hialeah** 85 **FL** Zip Code **33015**

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]* **Pedro Offerdi** **April 4/96**  
Signature of Registered Agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>OFFERDI, PEDRO</b>	
STREET ADDRESS	<del>6705 NW 100 STREET SUITE C-208</del>	
CITY-ST-ZIP	<del>MIAMI FL 33015</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OFFERDI, PEDRO</b>	
STREET ADDRESS	<del>6705 NW 100 STREET SUITE C-208</del>	
CITY-ST-ZIP	<del>MIAMI FL 33015</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>same</b>	
1.3 STREET ADDRESS	<b>20140 W Oakmont Circle</b>	
1.4 CITY-ST-ZIP	<b>Hialeah FL 33015</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **Pedro Offerdi, President** **04-04-96** **(305) 863-0595**  
Date Signature Phone #

CR2E034 (12/95)