

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000062041 (7)

1. Corporation Name

NATIONALS INSURANCES UNLIMITED, INC.



Principal Place of Business

Mailing Address

~~6705 NW 160 STREET~~  
~~SUITE C-200~~  
~~MIAMI FL 33015~~

~~6705 NW 160 STREET~~  
~~SUITE C-200~~  
~~MIAMI FL 33015~~

3. Date Incorporated or Qualified  
09/01/1993

3a. Date of Last Report  
12/01/1995

2. Principal Place of Business

2a. Mailing Address

21 20140 W Oakmont Circle

26 20140 W Oakmont Cir.

4. FEI Number  
65-0474215

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State  
Hialeah FL

27 City & State  
Hialeah FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 Zip 33015 Country USA

28 Zip 33015 Country USA

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 160 STREET~~  
~~SUITE C-200~~  
~~MIAMI FL 33015~~

81 Name

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

20140 W Oakmont Circle

83

84 City

Hialeah

FL

85 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 OFFREDI

April 4/96

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST  
NAME OFFREDI, PEDRO  
STREET ADDRESS ~~6705 NW 160 STREET SUITE C-200~~  
CITY-ST-ZIP ~~MIAMI FL 33015~~

1.1 TITLE Same ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

20140 W Oakmont Circle  
Hialeah FL 33015

TITLE D ☒ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

NAME OFFREDI, PEDRO  
STREET ADDRESS ~~6705 NW 160 STREET SUITE C-200~~  
CITY-ST-ZIP ~~MIAMI FL 33015~~

TITLE ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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

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]*  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Offredi, President

04-04-96

(305) 863-0595

CR2E034 (12/95)