

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90116 026 ***163.75

DOCUMENT # **P93000076186**

1. Corporation Name

CIS INSURANCE GROUP, INC.



Principal Place of Business

11045 SW 40TH ST.
MIAMI FL 33165

Mailing Address

11045 SW 40TH ST
MIAMI FL 33165
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1993

4. FEI Number

65-0459007

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 Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 **12817 SW 42 ST.**

Suite, Apt. #, etc.

22 **Bird Road**

City & State

23 **Miami FL**

Zip

24 **33175**

Country

25 **USA**

2a. Mailing Address

26 **12817 SW 42 ST**

Suite, Apt. #, etc.

27 **Bird Road**

City & State

28 **Miami FL**

Zip

29 **33175**

Country

30 **USA**

9. Name and Address of Current Registered Agent

CANTIN, DANIEL
11045 SW 40TH ST.
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

Daniel Cantin Jr.

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

12817 SW 42 ST.

83

84 City

Miami

FL

85 Zip Code

33175

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 **Daniel Cantin Jr.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CANTIN, DANIEL**
STREET ADDRESS **11045 SW 40TH ST.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **D** ☐ DELETE

NAME **CANTIN, LOURDES**
STREET ADDRESS **11045 SW 40TH ST.**
CITY-ST-ZIP **MIAMI FL 33165**

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 **Daniel Cantin Jr.**
1.3 STREET ADDRESS **12817 SW 42 ST (Bird Rd)**
1.4 CITY-ST-ZIP **Miami FL 33175**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/99 (305) 551-4577

CR2E034(11/98)