

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 # P93000087782 (7)

1. Corporation Name

AIB INSURANCE GROUP, INC.



Principal Place of Business

Mailing Address

2500 N.W. 79th Avenue
Miami, FL 33122

2500 N.W. 79th Avenue
Miami, FL 33122

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
05/01/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0556661

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, JORGE A ESQ.
2500 N.W. 79TH AVENUE
MIAMI FL 33122

81 Name

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

83

84 City

FL

85 Zip Code

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 DP
NAME ALVAREZ, JOSE M.
STREET ADDRESS 2500 N.W. 79 AVE.
CITY-ST-ZIP MIAMI, FL 33122 ☐ DELETE

TITLE DVA
NAME SOTO, JOHN
STREET ADDRESS 2500 N.W. 79 AVE.
CITY-ST-ZIP MIAMI, FL 33122 ☐ DELETE

TITLE DTV
NAME TORGAS, ED S.
STREET ADDRESS 2500 N.W. 79 AVE.
CITY-ST-ZIP MIAMI, FL 33122 ☐ DELETE

TITLE DV
NAME VALDES-FAULI, JUAN
STREET ADDRESS 2500 N.W. 79 AVE
CITY-ST-ZIP MIAMI, FL 33122 ☐ DELETE

TITLE D
NAME CASTELLANOS, RAIMUNDO J.
STREET ADDRESS 2500 N.W. 79 AVE.
CITY-ST-ZIP MIAMI, FL 33122 ☐ DELETE

TITLE DV
NAME FERNANDEZ, SERGIO
STREET ADDRESS 2500 N.W. 79 AVE.
CITY-ST-ZIP MIAMI, FL 33122 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME LOPEZ, JORGE A.
1.3 STREET ADDRESS 2500 N.W. 79 AVE
1.4 CITY-ST-ZIP MIAMI, FL 33122 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE A. LOPEZ

4/29/96

Date

(305) 715-0000 Ext 3378

Daytime Phone #

05/11/96