

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

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

2500 NW 79 AVE  
MIAMI FL 33122

Mailing Address

2500 NW 79 AVE  
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LOPEZ, JORGE A  
2500 NW 79 AVE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name

PERRY I. CONE

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

2500 NW. 79th Avenue

83

84 City

Miami

FL

85

Zip Code  
33122

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

PERRY I. CONE

4/13/98

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 ☐ DELETE

NAME  
DP  
ALVAREZ, JOSE M.  
STREET ADDRESS  
2500 NW 79 AVE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
DVAS  
SOTO, JOHN M.  
STREET ADDRESS  
2500 NW 79 AVE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
DVT  
TORRAS, ED S.  
STREET ADDRESS  
2500 NW 79 AVE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☒ DELETE

NAME  
S  
LOPEZ, JORGE A.  
STREET ADDRESS  
2500 NW 79th AVE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☒ DELETE

NAME  
D  
CASTELLANOS, RAIMUNDO J  
STREET ADDRESS  
2500 NW 79 AVE  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
DV  
FERNANDEZ, SERGIO  
STREET ADDRESS  
2500 NW 79 AVE  
CITY-ST-ZIP  
MIAMI FL

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

S  
PERRY I. CONE  
2500 NW. 79th Ave  
Miami, FL. 33122

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. JOSE M. ALVAREZ (Director)

SIGNATURE:

(305) 715-0000, ext. 3379

CR2E034 (10/97)