

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90522 001 \*\*\*150.00

**DOCUMENT # P93000087782**

1. Entity Name

AIB INSURANCE GROUP, INC.



Principal Place of Business

8300 W. FLAGLER ST.  
250  
MIAMI FL 33144

Mailing Address

8300 W. FLAGLER ST.  
250  
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0556661

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, ANETTE R  
8300 W. FLAGLER ST.  
SUITE 250  
MIAMI FL 33144

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PCD ☐ Delete  
NAME ALVAREZ, JOSE M.  
STREET ADDRESS 8300 W. FLAGLER ST. SUITE 250  
CITY-ST-ZIP MIAMI FL 33144

TITLE DVAS ☐ Delete  
NAME SOTO, JOHN M.  
STREET ADDRESS 8300 W. FLAGLER ST. SUITE 250  
CITY-ST-ZIP MIAMI FL 33144

TITLE VP ☐ Delete  
NAME ALVAREZ, ANETTE R  
STREET ADDRESS 8300 W. FLAGLER ST. SUITE  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME David M. Alvarez  
STREET ADDRESS 8300 W. Flagler St. Ste 250  
CITY-ST-ZIP Miami, FL 33144

TITLE ☐ Change ☒ Addition  
NAME V.P. FRANK NATOLI  
STREET ADDRESS 8300 W FLAGLER ST STE. 250  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #

2/22/04 305-5540800