

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 # P94000002655 (6)

1. Corporation Name

ESTRADA INSURANCE MARKETING, INC.



Principal Place of Business

8525 WEST MCNAB ROAD
TAMARAC FL 33321

Mailing Address

2565 NW 49 AVE
BLDG 8 #206
LAUDERDALE FL 33313
US

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26 8783 N.W. 61ST ST.

4. FEE Number

65-0459635

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 TAMARAC, FL 33321

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

29 33321

30 BROWARD

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

ESTRADA, WILFREDO

2565 N.W. 49TH AVE.

BLDG. 8-206

LAUDERDALE LAKES FL 33313

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

Wilfredo Estrada

Signature, typed or printed name of registered agent and his/her business address

(DATE) Registered Agent's signature requires when on existing

9/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

VP

☐ DELETE

NAME

ESTRADA, LILLIAN

STREET ADDRESS

2565 NW 49 AVE BLDG 8-206

CITY - ST - ZIP

LAUDERDALE LAKES FL

TITLE

PRESIDENT

☐ DELETE

NAME

WILFREDO ESTRADA

STREET ADDRESS

8783 N.W. 61ST.

CITY - ST - ZIP

TAMARAC, FL 33321

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ DELETE

NAME

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CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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:

Wilfredo Estrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

DATE

954-724-8199

TELEPHONE NUMBER

CR2E034 (12/95)