

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

DOCUMENT # P94000002655

1. Corporation Name

ESTRADA INSURANCE MARKETING, INC.

Principal Place of Business

8525 WEST MCNAB ROAD
TAMARAC FL 33321

Mailing Address

8783 N.W. 61ST ST
TAMARAC FL 33321
US

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90031 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1994

4. FEI Number

65-0459635

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

9. Name and Address of Current Registered Agent

ESTRADA, WILFREDO
2565 N.W. 49TH AVE.
BLDG. 8-206
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name

Wilfredo Estrada

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

8910 N.W. 78th CT. #327

83

TAMARAC

84 City

FL

85 Zip Code

33321

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 VP ☐ DELETE

NAME ESTRADA, LILLIAN
STREET ADDRESS 2565 NW 49 AVE BLDG 8-206
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE P ☐ DELETE

NAME ESTRADA, WILFREDO
STREET ADDRESS 8783 NW 61 ST
CITY-ST-ZIP TAMARAC FL

TITLE VP ☐ DELETE

NAME ESTRADA, MARK DAVID
STREET ADDRESS 8683 NW 61ST ST
CITY-ST-ZIP TAMARAC FL 33321

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 8910 N.W. 78th CT. #327

1.3 STREET ADDRESS TAMARAC FL. 33321

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE 8910 N.W. 78th CT. #327

2.2 NAME TAMARAC FL. 33321

2.3 STREET ADDRESS ☒ Change ☐ Addition

2.4 CITY-ST-ZIP 8950 N.W. 78th CT. #310

3.1 TITLE TAMARAC FL. 33321

3.2 NAME ☐ Change ☒ Addition

3.3 STREET ADDRESS Nancy Brinson - Sec.

3.4 CITY-ST-ZIP 351 E. DAYTON Circle Ft. Lauderdale FL 33312

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: Wilfredo Estrada REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 28th 1999

CR2E034 (1/98)