

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 # P94000021303 (0)

1. Corporation Name

INTERNATIONAL INSURANCE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

8521 SW 81ST LN  
MIAMI FL 33143

8521 SW 81ST LN  
MIAMI FL 33143

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0487063

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, GEORGE R  
8521 SW 81ST LN  
MIAMI FL 33143

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 (not for registered agent and not for director)

(NOTE: Registered Agent Signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
GONZALEZ, GEORGE R  
STREET ADDRESS 15262-E SW 46TH LN  
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ DELETE

NAME D  
GONZALEZ, AMPARO  
STREET ADDRESS 8521 SW 81ST LN  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12 NAME President  
13 STREET ADDRESS Gonzalez, George R.  
14 CITY-ST-ZIP 14721 S.W. 156 Ave  
Miami, FL 33196

2.1 TITLE ☒ Change ☐ Addition

22 NAME Secretary  
23 STREET ADDRESS Gonzalez, Amparo  
24 CITY-ST-ZIP 8521 S.W. 81 ST LANE  
Miami, FL 33143

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 305 270-1486

Date

Daytime Phone #

CR2E034 (12/95)