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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028489 (0)

A LINE INSURANCE INC.

SIGNATURE

	of Business	Mailing Address		i indiindi tan incis dina Massa nasar disa	. 65.42 4.62. (4(1) \$125. 15112 (5))	
9500 N.W. 12 S	TREET	, 8500 N.W. 12 STREET				
#4 MIAMI FL 33172) <u>.</u>	-#4 <u>Miami Fl 33172-2830 -</u>				
	· · · · · · · · · · · · · · · · · · ·			3. Date Incorporated or Qualified 04/13/1994	3a. Date of Last Repor 11/14/1996	rt
	nce of Business	2a. Mailing Address		4. FEI Number	Applied	d For
	1 SW 386T	26 6274 50	U 38 SI	65-0481236	Not Ap	
- Suite, Apt.# ì	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit	
City & State		City & State			Fee Require	
	mi FLOTLIBA		FLORIDA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	
Zip	Country	7(p	Country	8. This corporation has liability for		
33/5	55 25 USA	29 33/55	30 USA] Yes ☐ No	5.001
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
BEGL	uiristain, alberto J.		81 Name	EGUIRISTAN ALLE	er shal	
- 5981	-SW 66 S T		82 Street Ad	ddress (P.O. Box Number is Not Acceptate	ole)	
-MAM	HFL-33156		62	74 SW 36 57		
			83]			
			84 City		85 Zip Code	e
			m	11Am)	FL 33/3	<u>5 5</u>
 Pursuant to office or re 	o the provisions of Sections 607.050	02 and 607.1508, Florida Statute	is, ine above-named c	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of changing its request the appointment as request.	gister
agent Lan	familiar with, and accept the oblig	ations of Section 607.0505, Flo	rida Statutes.	, and 10 to the of the order of 11 to 12 to 10 t	or the appearance as reg.	
IGNATURE						
	Ignature, typed or printed name of registered age		Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	140
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