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**Secretary of State** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400028489

A LINE INSURANCE INC.

V CHIE III	10011ANOL IIIO										
Principal Place	of Business	Mailing	g Address					******	II SAIN BRICE I		4119 1911 1401
·			SW 96 TERRACE								
10255 SW 96 TERRACE 10255 SW 96 TERRACE MIAMI FL 33176 MIAMI FL 33176					•					•	
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							3. Date Incorporated of	or Qualifed			.
							04/13/1994	<u> </u>			
2. Principal Pla	ace of Business	2a. Ma	ailing Address				4. FEI Number			<u> </u>	plied For
21		26					65-0481236				t Applicable
Suite, Apt. #	#, etc.	Sui	ite, Apt. #, etc.				5. Certifcate of Status	Desired		\$8.75 A	
22		27								Fee Re	
City & State	•	Cit	ty & State				<ol><li>Election Campaign</li></ol>			\$5.00	
23	·	28					Trust Fund Contribu			Added to	o Fees
Zip	Country	Zip	o o	Cou	ntry		8. This corporation ov		ent year Inti		
24	25	29		30			Personal Property				□No
<del></del>	9. Name and Address of C	urrent Registere	ed Agent				10. Name and Addres	s of New F	Registered	Agent	
			. • • • • • • • • • • • • • • • • • • •		81	Name					
BEGL	JIRISTAIN, ALBERTO J.				82	Street Add	dress (P.O. Box Number is I	Not Accepta	able)		
1025	5 SW 96 TERRACE					Quibber ia				. 4: 6	
MIAM	N FL 33176				83					<b>同时对抗</b>	海 建二
_								10	19: 12:2	85 Zip (	Sode Park
	•				84	City			FL	.   63   210 (	, Joue
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	to the provisions of Sections 60 egistered agent, or both, in the					named cor he corpora	ation's board of directors. I h	ereby acce	ot the appoi	ntment as re	gistered
	to the provisions of Sections 60 egistered agent, or both, in the smallar with, and accept the company of the section of the s					патеd сог he corpora	ation's board of directors. I h	ereby acce	ot the appoi	ntment as re	gistered
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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 or an attachment with an address, with all other like empowered.

**SIGNATURE**