

**CORPORATION
ANNUAL REPORT
1995**

James H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000033607 (0)

1. Corporation Name

MICA INSURANCE INC.

95 APR 27 AM 10: 52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4520 S.W. 89TH AVE.
MIAMI FL 33165**

Mailing Address

**4520 S.W. 89TH AVE.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

3a. Date of Last Report

4. FE Number

65-0490529

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

2. Principal Place of Business

1550 W 84 St.

2a. Mailing Address

1550 W 84 St.

Suite, Apt. #, etc.

SUITE 42

Suite, Apt. #, etc.

SUITE 42

City & State

HAIALEAH FL

City & State

HAIALEAH FL

Zip

33114

County

D.S.A.

Zip

33114

County

D.S.A.

9. Name and Address of Current Registered Agent

**MUNIZ, MILITZA
4520 S.W. 89TH AVE.
MIAMI FL 33165**

10. Name and Address of New Registered Agent

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 name of registered agent and the if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
MUNIZ, MILITZA
STREET ADDRESS
4520 S.W. 89TH AVE.
CITY - ST - ZIP
MIAMI FL 33165

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 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 19.07(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

Date

Chartered Person #