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 # P94000035168 (1)

1. Corporation Name
INSURANCE BENEFITS SPECIALISTS, INC.

Principal Place of Business	Mailing Address
2269 S. UNIVERSITY DR. ~~SUITE 308~~ FT. LAUDERDALE FL 33324	~~2269 S. UNIVERSITY DR.~~ ~~SUITE 308~~ ~~FT. LAUDERDALE FL 33324~~

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27 137
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report: 02/28/1995
4. FEI Number: 65-0500136 ☐ 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

DALBERY, DEAN
2269 S. UNIVERSITY DR.
SUITE 308
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name: Marlene Bernal
82 Street Address (P.O. Box Number is Not Acceptable): 2269 S. Univ. Drive Suite 137
83
84 City: Fort Lauderdale FL 85 Zip Code: 33324

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 X Marlene Bernal DATE 6/10/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	DALBERY, DEAN A	
STREET ADDRESS	2269 S. UNIVERSITY DR., SUITE 308	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Marlene Bernal, Vice President 2269 S. Univ. Drive Suite 137 Ft. Lauderdale, Fl. 33324	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~VICE~~ PRESIDENT EDUARDO BERNAL 2269 S. UNIVERSITY DR. Ste. 137 FT. LAUD., FL 33324	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	700001874757 -06/25/96--01079--011 ***200.00	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Marlene Bernal — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/26/96 (Date) — 954-452-8207 x18 (Daytime Phone #)

CR2E034 (12/95)