

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P94000035168 (1)**

1. Corporation Name  
**INSURANCE BENEFITS SPECIALISTS, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>2269 S. UNIVERSITY DR.<br/>SUITE 137<br/>FT. LAUDERDALE FL 33324</b> | Mailing Address<br><b>2269 S. UNIVERSITY DR.<br/>SUITE 137<br/>FT. LAUDERDALE FL 33324-5856</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/10/1994</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 2. Principal Place of Business<br>21 <b>8955 SW 6th Ct</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>PLANTATION, FL</b><br>Zip Country<br>24 <b>33324</b> 25 <b>USA</b> | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip Country<br>29 30 | 4. FEI Number<br><b>65-0500136</b><br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|---|--|--|

9. Name and Address of Current Registered Agent

**DALBERY, DEAN**  
**2269 S. UNIVERSITY DR.**  
**SUITE 137**  
**FT. LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 *Marlene Bernal* (MARLENE BERNAL) *Marlene Bernal* 4/23/97  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                      |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|---------------------------------|---|--|
| TITLE<br><b>P</b>                               | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BERNAL, EDUARDO</b>                  |                                 | 1.2 NAME  | <b>BERNAL, EDUARDO</b>   |
| STREET ADDRESS<br><b>2269 S. UNIVERSITY DR.</b> |                                 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>FT. LAUDERDALE FL 33324</b>   |                                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>VP</b>                              | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>BERNAL, MARLENE</b>                  |                                 | 2.2 NAME  |  |
| STREET ADDRESS<br><b>2269 S. UNIVERSITY DR.</b> |                                 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>FT. LAUDERDALE FL 33324</b>   |                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE   | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | 3.2 NAME  |  |
| STREET ADDRESS                                  |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                     |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE   | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | 4.2 NAME  |  |
| STREET ADDRESS                                  |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                     |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE   | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | 5.2 NAME  |  |
| STREET ADDRESS                                  |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                     |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE   | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | 6.2 NAME  |  |
| STREET ADDRESS                                  |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                     |                                 | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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 on an attachment with an address.

SIGNATURE: *Marlene Bernal* (MARLENE BERNAL) 4/23/97 954-452-8227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0284480

CR2E034 (9/96)