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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 # P94000035168

1. Corporation Name
INSURANCE BENEFITS SPECIALISTS, INC.

Principal Place of Business	Mailing Address
8955 SW 6TH CT ~~SUITE 137~~ PLANTATION FL 33324 US	2269 S. UNIVERSITY DR. SUITE 137 FT. LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8955 S.W. 6th Ct	2a. Mailing Address 28 8955 S.W. 6th Ct
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PLANTATION FL	City & State 28 PLANTATION FL
Zip / Country 24 33324 25 USA	Zip / Country 29 33324 30 USA

3. Date Incorporated or Qualifed: 05/10/1994

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERNAL, EDUARDO
2269 S. UNIVERSITY DR.
SUITE 137
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): 8955 S.W. 6th Ct
83
84 City: PLANTATION 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: Marlene Bernal — 4/28/98 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERNAL, EDUARDO 2269 S. UNIVERSITY DR. FT. LAUDERDALE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP S. MICHAEL PRESTON 1741 N.E. 16th TERR FT. LAUD., FL 33305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP P BERNAL, MARLENE 2269 S. UNIVERSITY DR. FT. LAUDERDALE FL 33324	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	MARLENE BERNAL 8955 S.W. 6th Ct FT. LAUD., PLANTATION FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene Bernal REQUIRED — 4/11/99 — (954) 475-2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #