

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 # P94000040935 (6)

1. Corporation Name

RECLAMA INSURANCE, INC.



Principal Place of Business

Mailing Address

C/O SEGUNDO R. PEREZ
2703 SW 1 STREET
CORAL GABLES FL 33134
US

C/O SEGUNDO R. PEREZ
3703 SW 1 ST
CORAL GABLES FL 33132
US

3. Date Incorporated or Qualified

05/26/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3191 Coral Way

26 P.O. Box 140387

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 115

27

City & State

City & State

23 Miami, FL

28 Coral Gables, FL

Zip

Zip

24 33145

29 33114-0387

Country

Country

25 USA

30 USA

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

PEREZ, SEGUNDO R
SUITE 1-J
1250 WEST AVE., SUITE 1-J
MIAMI BEACH FL 33139

81 Name

Perez Segundo R.

82 Street Address (P.O. Box Number is Not Acceptable)

2920 South Le Jeune Road

83

#1WR

84 City

Coral Gables

FL

85 Zip Code

33134

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 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 D
NAME PEREZ, SEGUNDO R
STREET ADDRESS 3703 SW 1 STREET 2920 S. Le Jeune Rd.
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE D
1.2 NAME Perez, Segundo R.
1.3 STREET ADDRESS 2920 South Le Jeune Road #1WR
1.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

Segundo R. Perez

Feb 13, 1996

Date Daytime Phone #

CR2E034 (12/95)