SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $235 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:28

DOCUMENT # **P94000068406 (5)**

1. Corporation Name

INSURANCE 2000, INC.

Principal Place of Business	Mailing Address
7750 N.W. 103RD STREET, #203 HIALEAH GARDENS FL 33016	7750 N.W. 103RD STREET, #203 HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994
3A. Date of Last Report:

2. Principal Place of Business	2A. Mailing Address	4. FEI Number: 65-0527519	Applied For / Not Applicable
21: 1840 W. 49 ST	26: 1840 W. 49 ST.		
Suite, Apt. #, etc. 22: 700A	Suite, Apt. #, etc. 27: 700 A	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23: Hialeah FL	City & State 28: HIALEAH FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 33012 / County 25: Dade	Zip 29: 33012 / County 30:	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
SPIELER, GREGG SPIELER & ASSOCIATES, P.A. 4700 BISCAYNE BLVD., SUITE 200 MIAMI FL 33137	81 Name: Lourdes Menendez 82 Street Address (P.O. Box Number is Not Acceptable): 1840 W. 49 ST # 700A 83 84 City: Hialeah FL 85 Zip Code: 33012

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 [signature] Lourdes Menendez DATE: 6/28/95
(If changing registered office or registered agent, or both, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	PVSD	11 TITLE	☒ Change ☐ Addition
NAME	MENENDEZ, LOURDES	12 NAME	
STREET ADDRESS	7750 N.W. 103RD STREET, #203	13 STREET ADDRESS	1840 West 49 ST, 700A
CITY ST ZIP	HIALEAH GARDENS FL 33016	14 CITY ST ZIP	Hialeah, Fl 33012
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: X [signature] Lourdes Menendez 6/27/95 PRES 3/01
SIGNATURE AND TITLE OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

6M1614 CP