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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000070391 (5)

1. Corporation Name

ADVANTAGE INSURANCE OF AMERICA, INC.

Principal Place of Business

4007 N.W. 7 STREET
MIAMI FL 33126
US

Mailing Address

4007 N.W. 7 STREET
MIAMI FL 33126-5506
US



2. Principal Place of Business

21 State Apt. # etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State Apt. # etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BATISTA, JACQUELINE
4007 N.W. 7 STREET
#203
MIAMI FL 33126

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

02/27/1996

4. FEI Number

65-0522431

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 hereinafter, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, name and position of new registered agent (and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
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CITY, ST, ZIP
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CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DPST
BATISTA, JACQUELINE
4007 N.W. 7 STREET
MIAMI FL 33126

☐ DELETE

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☐ 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
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 included 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 on Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

Jacqueline Batista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

Date

305 649-5586

Daytime Phone #

CR2E034 (9/96)