FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3:17

TALLAHASSEE, FLORIDA

DOCUMENT # P94000076494

1. Corporation Name
Auditors Insurance Specialists, Inc.

200001478362
-05/08/95--01025--020
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2850 N.W. 79 Avenue Miami, FL 33122	2850 N.W. 79 Avenue Miami, FL 33122

3. Date Incorporated or Qualified: 1/18/94
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2850 N.W. 79 Avenue	26 2850 N.W. 79 Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33122 Country 25 Dade	Zip 29 33122 Country 30 Dade

4. FEI Number: 65-0526748 ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Peter Lopez 1339 Obispo Avenue Coral Gables, FL 33134	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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, name of printed name of registered agent and title, if applicable) (If Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	11 TITLE		☐ Change ☐ Addition
NAME	Peter Lopez	12 NAME		
STREET ADDRESS	1339 Obispo Avenue	13 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33134	14 CITY-ST-ZIP		
TITLE	Vice President	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	Alberto Luengo	22 NAME	Nelson Giraldo	
STREET ADDRESS	19623 N.W. 82 Place	23 STREET ADDRESS	19623 N.W. 82 Place	
CITY-ST-ZIP	Miami, FL 33015	24 CITY-ST-ZIP	Miami, FL 33015	
TITLE		31 TITLE	Secretary Treasurer	☐ Change ☒ Addition
NAME		32 NAME	Nora Gonzalez	
STREET ADDRESS		33 STREET ADDRESS	210 East 52th Street	
CITY-ST-ZIP		34 CITY-ST-ZIP	Hialeah, FL 33013	
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		

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 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 above, or on an attachment with an address.

SIGNATURE: P. Peter Lopez PRESIDENT 4/18/95 (800) 206-0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number