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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90099 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000080536

1. Corporation Name  
GENERAL CLAIMS MANAGEMENT INC.

Principal Place of Business  
12301 S.W. 104TH TERRACE  
MIAMI FL 33186

Mailing Address  
12301 S.W. 104TH TERRACE  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/02/1994

4. FEI Number  
65-0545560

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

2. Principal Place of Business

2a. Mailing Address

21 7875 BIRD ROAD

26 7875 BIRD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 220

27 220

City & State

City & State

23 MIAMI FL.

28 MIAMI FLORIDA

Zip

Zip

24 33155

29 33155

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELENDEZ, JUAN A  
12301 S.W. 104TH TERRACE  
MIAMI FL 33186

81 Name  
JUAN A. MENDEZ

82 Street Address (P.O. Box Number is Not Acceptable)  
7875 BIRD ROAD SUITE 220

83

84 City  
MIAMI

FL

85 Zip Code  
33155

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

JUAN A. MENDEZ, PRESIDENT

4/25/99

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 PD  
NAME MENDEZ, JUAN A  
STREET ADDRESS 12301 S.W. 104TH TERRACE  
CITY-ST-ZIP MIAMI FL 33186

1.1 TITLE PD  
1.2 NAME MENDEZ, JUAN A.  
1.3 STREET ADDRESS 7875 BIRD RD, SUITE 220  
1.4 CITY-ST-ZIP MIAMI, FL. 33155

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 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:

JUAN A. MENDEZ, PD 4/25/99 305.266.9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0267607