

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90004 036 \*\*\*150.00

DOCUMENT # P94000081126

1. Corporation Name  
BEST INSURANCE AGENCY, INC.

Principal Place of Business  
410 WEST 29TH STREET  
STE F  
HIALEAH FL 33012  
US

Mailing Address  
410 WEST 29TH STREET  
STE F  
HIALEAH FL 33012  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1994

4. FEI Number

65-0531201

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

FERNANDEZ, EMILIO  
410 WEST 29TH STREET  
SUITE C  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name PHILIP D'ABBIEKI  
82 Street Address (P.O. Box Number is Not Acceptable)  
5895 NW 16th ST  
83  
84 City Miami FL 85 Zip Code 33015

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

*Philip D'Abbieki*

1-26-99

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS                | CITY-ST-ZIP      | DELETE                              |
|-------|--------------------|-------------------------------|------------------|-------------------------------------|
| D     | ESTEVE, JERONIMO M | 5895 NORTHWEST 167TH STREET   | MIAMI FL 33015   | <input type="checkbox"/>            |
| D     | FERNANDEZ, EMILIO  | 410 WEST 29TH STREET, SUITE C | HIALEAH FL 33012 | <input checked="" type="checkbox"/> |
|       |                    |                               |                  | <input type="checkbox"/>            |
|       |                    |                               |                  | <input type="checkbox"/>            |
|       |                    |                               |                  | <input type="checkbox"/>            |
|       |                    |                               |                  | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE          | 1.2 NAME         | 1.3 STREET ADDRESS      | 1.4 CITY-ST-ZIP  | Change                              | Addition                 |
|--------------------|------------------|-------------------------|------------------|-------------------------------------|--------------------------|
| D + VICE PRESIDENT | Philip D'Abbieki | 410 W 29th St Suite 716 | HIALEAH FL 33012 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                    |                  |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                  |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                  |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                  |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                    |                  |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |

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:

*Philip D'Abbieki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/99 305-889-0500

0128335

CR2E034 (11/98)