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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000088882 (3)

1. Corporation Name:
DADE-BROWARD INSURANCE AGENCY, INC.



Principal Place of Business

9230 SW 40TH ST.
SUITE D
MIAMI FL 33165

Mailing Address

9230 SW 40TH ST.
SUITE D
MIAMI FL 33165-4166

3. Date Incorporated or Qualified
12/08/1994

3a. Date of Last Report
05/10/1996

2. Principal Place of Business

21 9626 S.W. 24th St.
Suite, Apt. #, etc.

2a. Mailing Address

26 9626 S.W. 24th Street
Suite, Apt. #, etc.

4. FEI Number
65-0540734

Applied For
Not Applicable

22

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25

9. Name and Address of Current Registered Agent

26

10. Name and Address of New Registered Agent

27

PALMA, CARLOS M
8500 NW 8TH ST #102
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PALMA, CARLOS M
STREET ADDRESS 8500 NW 8TH ST #102
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME PALMA, SUSANA L
STREET ADDRESS 8500 NW 8TH ST #102
CITY-ST-ZIP MIAMI FL 33126

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 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-97 305-225-4532

Date Daytime Phone #

CR2E034 (9/96)