

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000089473 (0)

1. Corporation Name

A AFFORDABLE INSURANCE CO.



Principal Place of Business

5400 SW 101 AVE
MIAMI FL 33165

Mailing Address

5400 SW 101 AVE
MIAMI FL 33165

2. Principal Place of Business

21 3916 SW 8TH ST

2a. Mailing Address

26 3916 SW 8TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Coral Gables, FL

27 City & State
Coral Gables, FL

23 Zip
33134

24 Country
USA

28 Zip
33134

29 Country
USA

9. Name and Address of Current Registered Agent

SOTERO, ADALBERTO L
5400 SW 101 AVE
MIAMI FL 33165

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0541186

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME SOTERO, ADALBERTO L
STREET ADDRESS 5400 SW 101 AVE
CITY-ST-ZIP MIAMI FL 33165

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME SOTERO, ADALBERTO L
1.3 STREET ADDRESS 15101 NW 89 PLACE
1.4 CITY-ST-ZIP MIAMI, FL 33016

☒ Change ☐ Addition

2.1 TITLE VICE PRESIDENT
2.2 NAME EDUARDO CHARLES SOTERO
2.3 STREET ADDRESS 15101 NW 89 PLACE
2.4 CITY-ST-ZIP MIAMI, FL 33016

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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

Date

Daytime Phone #

CR2E034 (12/95)