FILE NUW: FILING FEE AFTEK MAY 1 15 \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000027645

1. Corporation Name

HOME AND AUTO INSURANCE COMPANY

											#
Principal Plac	ce of Business	Mailing Address									[]
2500 N.W. 79th Avenue 2500 N.W. 79th					į			**** ##*** ##***	***********	#1111 	111
	FL 33122		iue								
Intami,	FL 33122	Miami, FL 33	122								
1					3	B. Date Incorporated	or Qualified	3a. Date	of Last I	Becort	
					i	04/03/95		1	Or Eddt 1	порог	
_	Place of Business	2a. Mailing Address				I. FEI Number		Ш		Anniad Fa	
21	1 26				P	55-0572255				Applied For	_
Suite, Apt. #, etc. Suite, Apt. #, etc								——	60.7	Not Applicat)le
22	7	27			5	 Certificate of Statu 	s Desired			5 Additional Required	
City & Star	te	City & State				. Election Campaign	Financino				
23		28			"	Trust Fund Contrib				00 May Be	
Zip	Country	Ziρ	Zip Country			. This corporation h		intensible 4+		ed to Fees	
24	25	29	30	•		Florida Statutes		ntangible ta No	k under s	199.032,	
	9. Name and Address of Current	Registered Agent	1221	· · · · · · ·	10	. Name and Addre			L mani		
				81 Nam	e			- Sistered A	- Goilt		
TNSI	RANCE COMMISSIONER		_								
THE CAPITOL BLDG.			1	32 Stree	t Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32399			- -	33							
IVEL	Anassee, FL 32399		- 1	-~							
	:		Ī	34 City					85 Z	ip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to registered agent, or both, in the State of Florida. Such change was authorized by the state of Florida. 								FL		•	ļ
or register	red agent, or both, in the State of Florida ith, and accept the obligations of, Section	. Such change was authorized	, the abov	e-named (rooration)	corporation : 's board of d	submits this stateme	nt for the purp	pose of char	nging its r	registered off	ce
	th, and accept the obligations of, Section	n 607.0505, Florida Statutes.				mocroso. I norbby act	white appo	munent as r	egistered	agent. I am	- 1
SIGNATURE	Signature, typed or printed name of registered agent an		****								
12.	OFFICERS AND			gent signature	e required when i			DATE			-
TITLE	DCP	DELETE		13. 1 1 TITLE A S		ADDITIONS/CHANG	SES TO OFFI				
NAME	ALVAREZ, JOSE M.	[] beech		-	LUPEL, JORGE H.			[] Change	Addition	Į
STREET ADDRESS	2500 N.W. 79TH AVE.			1.2 NAME COP		JUKUB H.	. 4				
CITY-ST-ZIP	MIAMI, FL 33122					ioo NW 79th Aul Niami, FC 33122					
TITLE	D 33122	ET DELETE		-ST-ZIP	MILM	m, rc 3	2125				ļ
NAME	D DELETE SUEIRAS, MARIO			2 \$ TITLE					Change	☐ Addition	
STREET ADDRESS	8224 S.W. 84th AVE.		22 NAM	2 2 NAME							
	MIAMI, FL 33143		2 3 STRE	2 3 STREET ADDRESS							
CITY-ST-ZIP	DS DS		2.4 CITY	-ST-ZIP							
		☐ DELETE	3 1 THE						Change	Addition	\dashv
NAME	SOTO, JOHN		3 2 NAM	3.2 NAME				_	-		
STREET ADDRESS	2500 N.W. 79TH AVE.		33 STRE	ET ADDRESS	;						- 1
CITY - ST - ZIP	MIAMI, FL 33122		3 4 CITY	ST - ZIP							
TITLE	DT	☐ DELETE	4 1 TITLE		1			П	Change	☐ Addition	\dashv
NAME	TORGAS, ED S.		4.2 NAM8						- ango		- 1
STREET ADDRESS	2500 N.W. 79TH AVE.		43 STRF	4 3 STREET ADDRESS							
CITY - ST - ZIP	MIAMI, FL 33122		4 4 CITY								1
TITLE	DV	DELETE	5 1 TITLE		 				Change	ET Addres	
NAME	VALDES-FAULI, JUAN	JLI, JUAN		5.2 NAME		900001847취4명 ^{O Addition}					
STREET ADDRESS	2500 N.W. 79TH AVE.			5.3 STREET ADDRESS		-06/03/9601026019					ĺ
CITY-ST-ZIP	MIAMI, FL 33122			5.4 CITY-ST-ZIP		***200.	00				ĺ
TITLE		DELETE	5 1 TITLE		 				-		_
UALIC .			S TOTAL		1				Change	Addition	- 1

62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 21P

SIGNATURE: _

STREET ADDRESS

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)(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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 715-0000 Eyd. 33 % Date Dayline Prone #