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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000027645 (7)

1. Corporation Name

HOME AND AUTO INSURANCE COMPANY

Principal Place of Business

2500 N.W. 79TH AVENUE  
MIAMI FL 33122

Mailing Address

2500 N.W. 79TH AVENUE  
MIAMI FL 33122-1071



3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

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)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
ALVAREZ, JOSE M  
STREET ADDRESS  
2500 N.W. 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

1.2 NAME ☐ DELETE

NAME  
D  
SUEIRAS, MARIO  
STREET ADDRESS  
8224 S.W. 84TH AVENUE  
CITY-ST-ZIP  
MIAMI FL 33143

1.3 NAME ☐ DELETE

NAME  
DS  
SOTO, JOHN M  
STREET ADDRESS  
2500 N.W. 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

1.4 NAME ☐ DELETE

NAME  
DT  
TORGAS, ED S  
STREET ADDRESS  
2500 N.W. 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

1.5 NAME ☒ DELETE

NAME  
DV  
VALDES-FAULI, JUAN P  
STREET ADDRESS  
2500 N.W. 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

1.6 NAME ☐ DELETE

NAME  
AS  
LOPEZ, JORGE A  
STREET ADDRESS  
2500 N.W. 79TH AVE  
CITY-ST-ZIP  
MIAMI FL 33122

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME  
D  
RAIMUNDO J. CASTELLANOS  
STREET ADDRESS  
2500 N.W. 79th Avenue  
CITY-ST-ZIP  
Miami, Florida 33122

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

Jorge A. Lopez

4/24/97

Date

(305) 715-0000 X3379

Daytime Phone #

0162889

CR2E034 (9/96)