PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90278 003 ***150.00

DOCUMENT # P95000027645

. Corporation Name

HOME AND AUTO INSURANCE COMPANY

Principal	Place	of	Business

Mailing Address

|--|

2500 N.W. 79TH AVENUE 2500 N.W. 79TH AVEN MIAMI FL 33122 MIAMI FL 33122			DO NOT WRITE IN THIS SPACE			
•			3. Date Incorporated or Qualifed 04/03/1995			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Ap	plied For		
21	26		05 0512255	ot Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired Fee Re	Additional equired		
City & State	City & State			May Be to Fees		
Zip Country	Zip Cou 29 30	untry	8. This corporation owes the current year intangible Personal Property Tax.	□No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	- 00111110000110	81 Name				
THE CAPITOL		82 Street Addr	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.

m tamiliar with, and accept the obligations of,	Section 607.0303, Figh	ua Statutes.			
Signature, typed or printed name of registered agent and title if	applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating) DATE	-	
OFFICERS AND DIRECTORS		13.			
DCP	☐ DELETE	1.1 TITLE	DC	X Change	☐ Addition
T.T		1.2 NAME	ALVAREZ, JOSE M.		
•		1.3 STREET ADDRESS	2500 NW. 79th Avenue		
		1.4 CITY-ST-ZIP			
	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
	☐ DELETE	3.1 TITLE		Change	☐ Addition
		3.2 NAME			
		3.3 STREET ADDRESS			
		34 CITY-ST-ZIP		e ^c	
	☐ DELETE	4.1 TITLE	DP	Change	☐ Addition
l 7		4. 2 NAME	= =		
		4.3 STREET ADDRESS	_		
 	XXDELETE	5.1 TITLE	<u> </u>	☐ Change	Addition
- '		5.2 NAME			
····== = · ; · ·		5.3 STREET ADDRESS			
		5.4 CITY+ST-ZIP			
	DELETE	6.1 TITLE		☐ Change	Addition
I		6.2 NAME			
l "		6.3 STREET ADDRESS			
1		6.4 CITY-ST-ZIP			
	Signature, typed or printed name of registered agent and title of OFFICERS AND DIRECT DCP ALVAREZ, JOSE M	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS DCP ALVAREZ, JOSE M 2500 N.W. 79TH AVE MIAMI FL 33122 D DELETE SUEIRAS, MARIO 8224 S.W. 84TH AVENUE MIAMI FL 33143 DS DELETE SOTO, JOHN M 2500 N.W. 79TH AVE MIAMI FL 33122 SV DELETE FERNANDEZ, SERGIO 2500 NW 79TH AVE MIAMI FL 33122 DV XXDELETE VALDES-FAULI, JUAN P 2500 N.W. 79TH AVE MIAMI FL 33122 AS DELETE DELETE	DCP	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS DELETE ALVAREZ, JOSE M 2500 N.W. 79TH AVE MAMI FL 33122 D SUEIRAS, MARIO 8224 S.W. 84TH AVENUE MIAMI FL 33143 DS DELETE SOTO, JOHN M 2500 N.W. 79TH AVE MIAMI FL 33122 D DELETE SOTO, JOHN M 2500 N.W. 79TH AVE MIAMI FL 33122 D DELETE SUEIRAS, MARIO 8224 S.W. 84TH AVENUE MIAMI FL 33143 DS DELETE SOTO, JOHN M 2500 N.W. 79TH AVE MIAMI FL 33122 SV DELETE SV SV DELETE SV DELETE SV DELETE SV DELETE SV DELETE SV SV SV SV SV SV SV SV SV S	Signature, typed or printed name of registrered agent and title of applicable. (NOTE: Registered Agent aignature required when reinstating) DATE

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. SERGIO FERNANDEZ, Director 4/5/99 (305) 715-0000, Ext. 3379

(PR2FN34 (11/98)