

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000033727 (5)**

1. Corporation Name
MARIO OBREGON, JR. INSURANCE AGENCY, INC.



Principal Place of Business: **4979 SW 148 AVE DAVIE FL 33330**
Mailing Address: **4979 SW 148 AVE DAVIE FL 33330**

3. Date Incorporated or Qualified: **05/01/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **6701 SUNSET DRIVE**
Suite, Apt. #, etc.
22 **SUITE 115**
City & State
23 **MIAMI, FL**
Zip
24 **33143**
Country
25 **DADE**
26 **6701 SUNSET DRIVE**
Suite, Apt. #, etc.
27 **SUITE 115**
City & State
28 **MIAMI, FL**
Zip
29 **33143**
Country
30 **DADE**

4. FET Number: **65-0579865**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OBREGON, MARIO JR.
4979 SW 148 AVE
DAVIE FL 33330**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **6701 SUNSET DRIVE**
83 **SUITE 115**
84 City: **MIAMI** FL 85 Zip Code: **33143**

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: *Mario Obregon Jr*

DATE: **4/10/96**

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

(NOTE: Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MARIO OBREGON JR	
STREET ADDRESS	11020 SW 57 ST	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	GISELLE OBREGON	
STREET ADDRESS	11020 SW 57 ST	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001838405
5.3 STREET ADDRESS	-05/24/96--01035--043
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Mario Obregon Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO OBREGON JR 4/14/96 661-7657
DATE DAY/MONTH/YEAR DAYTIME PHONE #

CR2E034 (12/95)