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FILED
Mar 26 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 # P95000034967 (6)

1. Corporation Name
NATIONAL ASSURANCE AGENCY, CORP.



Principal Place of Business
340 N.W. 22ND AVE.
MIAMI FL 33125

Mailing Address
340 N.W. 22ND AVE.
MIAMI FL 33125-3337

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 420 NW 22nd Ave
27 State, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
05/04/1995

3a. Date of Last Report
04/30/1996

4. FEI Number
65-0576276

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

LEON, MARIA E
1636 S.W. 18TH ST.
MIAMI FL 33145

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
officer 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, and I understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is authorized to execute and file this report

(If "E" Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY - ST - ZIP
1.9 TITLE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY - ST - ZIP
1.13 TITLE
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1.15 STREET ADDRESS
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1.99 STREET ADDRESS
2.00 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1.5 TITLE
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1.94 NAME
1.95 STREET ADDRESS
1.96 CITY - ST - ZIP
1.97 TITLE
1.98 NAME
1.99 STREET ADDRESS
2.00 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 included 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 registered agent 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print

CR2E034 (9/96)