

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000035581 (4)**

1. Corporation Name

G & S INSURANCE CORP.

Principal Place of Business

**4445 W 16 AVE
#503
HIALEAH FL 33012**

Mailing Address

**4445 W 16 AVE
#503
HIALEAH FL 33012**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

65-0584256

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

35

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GOMEZ-SANCHEZ, IMS R
3191 W 79TH PLACE
HIALEAH FL 33016**

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

OFFICERS AND DIRECTORS

12. TITLE

NAME **AVP
VALDES, JORGE**
STREET ADDRESS **11203 NW 1 TERR**
CITY-ST-ZIP **MIAMI FL 33172**

☐ DELETE

TITLE

NAME **P
SANCHEZ, IMS G**
STREET ADDRESS **3191 W. 79TH PL**
CITY-ST-ZIP **HIALEAH FL 33016**

☐ DELETE

TITLE

NAME **AVP
SANCHEZ, JUAN A**
STREET ADDRESS **3191 W 79TH PL**
CITY-ST-ZIP **HIALEAH FL 33016**

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE

1.2 NAME **VP
MARKIA VALDES**
1.3 STREET ADDRESS **17445 NW 87 AVE**
1.4 CITY-ST-ZIP **MIAMI, FL. 33018**

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME **AVP
VALDES, JORGE**
2.3 STREET ADDRESS **17445 NW 87 AVE**
2.4 CITY-ST-ZIP **MIAMI, FL. 33018**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

Juan Sanchez 2/28/98

CR2E034 (10/97)