

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 # P95000055929 (0)

1. Corporation Name

ADVISORIS TITLE SERVICES, INC.



Principal Place of Business

5500 W 13 AVE
HIALEAH FL 33012

Mailing Address

5500 W 13 AVE
HIALEAH FL 33012

3. Date Incorporated or Qualified

07/19/1995

3a. Date of Last Report

7/19/95

2. Principal Place of Business

2a. Mailing Address

21 9370 Sunset Drive

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 A-145

27

City & State

23 Miami, Florida

28

Zip

24 33173

Country

Zip

25 Dade

29

Country

30

4. FEI Number

65-0594430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

AGUILA, ROSA
5500 W 13 AVE
HIALEAH FL 33012

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9370 Sunset Drive

83 Suite A-145

84 City Miami

FL

85 Zip Code 33173

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME D
STREET ADDRESS SAAVEDRA, BEATRIZ
CITY-ST-ZIP 1004 SW 2 TERR
MIAMI FL 33174

☐ DELETE

1.1 TITLE D
1.2 NAME Beatriz Saavedra
1.3 STREET ADDRESS 9370 Sunset Drive Suite A-145
1.4 CITY-ST-ZIP Miami, Florida 33173

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Director

4/19/96

(305)596-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEATRIZ SAAVEDRA

Date

Daytime Phone #

CR2E034 (12/95)