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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF COPPORATIONS

DOCUMENT #

P95000059397 (6)

NORTH DADE AUTO INSURANCE INC.

Principal Place of Business Mailing Address				- 3 INDIILAN INE INYAN BILU NAKI BAYIN DEN	IF BOARF DAIND FOIRD HAID ADITH FOR TOUR	
13990 NORTH WEST 27TH AVENUE OPA LOCKA FL 33054		13990 NORTH WES OPA LOCKA FL 330				
				3. Date Incorporated or Qualified 07/31/1995	. Date of Last Report	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
		26		92 0P03045		
Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip	Country	8. This corporation has liability for intang		
24	g. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes X 10. Name and Address of New Regis		
			81 Name	To, walls and read out of their rings	tored Agent	
KEEG	AN, ROBERT CHARLES		90 0	/D.C. Co. N. mbor is Not Assertable)		
13990 NORTH WEST 27TH AVENUE OPA: LOCKA FL 33054			Stree: Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			63			
			84 City	~	■ 85 Zip Code	
·					FL	
 Pursuant or register 	to the provisions of Sections 607,050 red agent, or both, in the State of Fig	02 and 607.1508. Florida Statu rida: Such change was author.	tes, the above named corpo- zed by the corporation's boa	ration submits this statement for the purpose rd of directors. Thereby accept the appointm	of changing its registered office	
i tamiliar wi	ith, and accept the obligations of, Se	ction 607.0505, Florida Statute	S.	the state of the s	ion as registered agent. Full	
SIGNATURE	Signature. Niced or printed traine of registers Tayo	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
12.		ND DIRECTORS	OTE Elegistered Agent signature require 13.	ADD/TIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12	
TITLE	President	DELETE	1 TITLE	A PORTION OF INTEREST IN THE PROPERTY OF THE P	Change Addition	
NAME	Pal-A Krace		1.2 NAME			
STREET ADDRESS	9870 Sheridan	St # 100	1.3 STREET ADDRESS			
C:1Y -ST - 213	PEMBROKE PIPEL	F1, 33024	1.4 CITY - ST - ZIP			
T:TLE	SEC. Treas	☐ DELETE	2 1 TilliE		Change Addition	
NAME:	Shore Kosson	274-106	2.2 NAME		1	
STREET ADDRESS	State brouger ?	A 300	2.3 STREET ADDRESS			
CrTn -ST-ZIP	Penbaoke times 1	=1. 73024	2 4 CITY - ST - ZIP			
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NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY - ST - ZIP		····	3.4.CI*Y - \$1 - ZIP			
TITLE		□ DELETE	4) TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-ZP	ļ	E3 00 575	4 4 CITY - ST - ZIP			
THTLE		DELETE	5 1 T TLF	<u> </u>	Change Addition	
NAME			******	800001822528 -05/15/9601053020		
STREET ADDRESS			5.3 STREET ADDRESS	***200.00		
017Y - S1-7IP		רז הניכדר	5 4 City - St. ZiP			
TI'LE		☐ DELETE	6 1 TITLE		Cnange Add tion	
NAME DIOSET LOGDICA			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		23	
City St. 7IP	I .		64 CITY ST 240		77.	

14. I do hereby certify that the information supplied with this filing is vo'untarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indesited 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 iteriangor1, or orn an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5726

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Daytane Phone #