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Apr 02 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 # P95000062659 (4)

1. Corporation Name

AMERICAN INSURANCE BROKERS, INC.

Principal Place of Business

6446 S.W. 8TH STREET  
MIAMI FL 33144

Mailing Address

6446 S.W. 8TH STREET  
MIAMI FL 33144-4814

CHANGE ADDRESS TO:

2. Principal Place of Business

21 7801 CORAL WAY

Suite, Apt. #, etc.

22 SUITE #124

City & State

23 MIAMI, FLORIDA

Zip

24 33155

Country

25 DADE

2a. Mailing Address

26 7801 CORAL WAY

Suite, Apt. #, etc.

27 SUITE #124

City & State

28 MIAMI, FLORIDA

Zip

29 33155

Country

30 DADE

g. Name and Address of Current Registered Agent

PINEIRO, CLARA E  
3098 S.W. 110TH AVENUE  
MIAMI FL 33165

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

09/19/1996

4. FEI Number

65-0634926

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

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 re-appointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

PINEIRO, CLARA E

STREET ADDRESS

3098 S.W. 110TH AVE.

CITY-ST-ZIP

MIAMI FL 33165

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

*Clara E. Pineiro*

REGISTERED

APR 27 1997

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CR2E034 (9/96)