

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000075143**
1. Corporation Name
TCI INSURANCE SERVICES, INC.

Principal Place of Business
**8936 SW 40 ST
MIAMI FL 33165**

Mailing Address
**8936 SW 40 ST
MIAMI FL 33165**

3. Date Incorporated or Qualified
09-29-95

3a. Date of Last Report
FIRST

2. Principal Place of Business
21 **8936 SW 40 ST**

2a. Mailing Address
26 **8936 SW 40 ST**

4. FEI Number
65-0610786

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State
MIAMI FL

28 City & State
MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33165

25 Country
DADE

29 Zip
33165

30 Country
DADE

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

**FEDERICO M. FERMIN
14921 SW 80 ST #220
MIAMI FL 33193**

81 Name

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

83

84 City

FL 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

FEDERICO M. FERMIN - PRESIDENT

4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TREASURER	☒ DELETE
NAME	ERICK DIAZ	
STREET ADDRESS	14921 SW 80 ST #220	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	FEDERICO M. FERMIN - PRESIDENT	
NAME	14921 SW 80ST #220	
STREET ADDRESS	MIAMI FL 33193	
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**900001863449
-06/17/96--01027--025
***233.75**

06-14-96 OK

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)(b), 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:

FEDERICO M FERMIN - PRESIDENT

4/12/96

305 221-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)