

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
 97 JAN 27 AM 9:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000076357 (9)  
 1. Corporation Name

AZNAREZ INSURANCE AGENCY, INC.



REINSTATEMENT 96

Principal Place of Business: 2750 SW 87 AVENUE NO. #204 MIAMI FL 33165  
 Mailing Address: 2750 SW 87 AVENUE NO. #204 MIAMI FL 33165

3. Date Incorporated or Qualified: 10/05/1995  
 3a. Date of Last Report: [blank]  
 4. FEI Number: 65-061-2937  
 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

2. Principal Place of Business: 21 2744 SW 87 Ave, 22 ~~2744 SW 87 Ave~~, 23 Miami, FL, 24 33165  
 2a. Mailing Address: 26 2744 SW 87 Ave, 27 ~~2744 SW 87 Ave~~, 28 Miami, FL, 29 33165

9. Name and Address of Current Registered Agent: AZNAREZ, ATNIET, 2750 SW 87 AVENUE NO. #204, MIAMI FL 33165

10. Name and Address of New Registered Agent: 81 Name: [blank], 82 Street Address: 2744 SW 87 Ave, 83 City: Miami, 84 State: FL, 85 Zip Code: 33165

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] Atniyet Aznarez 11-1-96  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AZNAREZ, ATNIET	
STREET ADDRESS	2750 SW 87 AVENUE NO. #204	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AZNAREZ, ADALIS	
STREET ADDRESS	2750 SW 87 AVENUE NO. #204	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	2744 SW 87 Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Miami, FL 33165	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	2744 SW 87 Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Miami, FL 33165	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700002073757--6	
4.3 STREET ADDRESS	-01/30/97--01058--017	
4.4 CITY-ST-ZIP	***375.00 ***375.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 199.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Atniyet Aznarez 11-1-96 (205) 225-0426  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)