

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 20 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # P95000076357 (9)**  
 1. Corporation Name  
**AZNAREZ INSURANCE AGENCY, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>2744 SW 87 AVE.<br/>MIAMI FL 33165</b> | Mailing Address<br><b>2744 SW 87 AVE.<br/>MIAMI FL 33165</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br><b>15721 SW 82 ST.</b> |  | 2a. Mailing Address<br><b>P.O. Box 830603</b> |  | 3. Date Incorporated or Qualified<br><b>10/05/1995</b>  |  |
| 21 Suite, Apt. #, etc.                                   |  | 26 Suite, Apt. #, etc.                        |  | 4. FEI Number<br><b>65-0612937</b>  |  |
| 22   |  | 27  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 23 City & State<br><b>Miami, FL</b>                      |  | 28 City & State<br><b>Miami, FL</b>           |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 24 Zip<br><b>33193</b>                                   |  | 25 Country<br><b>Dade</b>                     |  | 29 Zip<br><b>33283</b>  |  |
|  |  | 30 Country<br><b>Dade</b>                     |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br><b>AZNAREZ, ATNIET<br/>10822 SW 80TH STREET #S20<br/>MIAMI FL 33176</b> |  |  |  | 81 Name   |  |
| <b>15721 SW 82 ST.<br/>Miami, FL 33193</b>   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  |  |  | 83  |  |
|  |  |  |  | 84 City <b>FL</b> 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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>AZNAREZ, ATNIET</b>                        | 1.2 NAME  |  |
| STREET ADDRESS             | <b>10822 SW 87 AVE.</b>                       | 1.3 STREET ADDRESS                                    | <b>15721 SW 82 ST.</b>   |
| CITY-ST-ZIP                | <b>MIAMI FL 33176</b>                         | 1.4 CITY-ST-ZIP                                       | <b>Miami, FL 33193</b>   |
| TITLE                      | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>AZNAREZ, ADALIS</b>                        | 2.2 NAME  | <b>VP Peter Rivero</b>   |
| STREET ADDRESS             | <b>6321 SW 109 AVE</b>                        | 2.3 STREET ADDRESS                                    | <b>15721 SW 82 ST.</b>   |
| CITY-ST-ZIP                | <b>MIAMI FL 33173</b>                         | 2.4 CITY-ST-ZIP                                       | <b>Miami, FL 33193</b>   |
| TITLE                      | <input type="checkbox"/> DELETE               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 3.2 NAME  |  |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 4.2 NAME  |  |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]* **4/14/98 305-288-8687**

CR2E034 (10/97)