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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90114 030 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000076357
 1. Corporation Name
AZNAREZ INSURANCE AGENCY, INC.



Principal Place of Business
 15721 SW 82ND STREET
 MIAMI FL 33193
 US

Mailing Address
 P.O. BOX 830603
 MIAMI FL 33283
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **10001 SW 68 ST**

2a. Mailing Address
 26 **10001 SW 68 ST.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip
33173

25 Country
Dade

29 Zip
33173

30 Country
Dade

3. Date Incorporated or Qualified
10/05/1995

4. FEI Number
65-0612937

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

AZNAREZ, ATNIET
10822 SW 88TH STREET #S20
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
10001 SW 68 ST.

83

84 City
Miami

85 Zip Code
FL 33173

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AZNAREZ, ATNIET	
STREET ADDRESS	15721 SW 82ND ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIVERO, PETER	
STREET ADDRESS	15721 SW 82ND STREET	
CITY-ST-ZIP	MIAMI FL 33193	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	10001 SW 68 ST.
1.3 STREET ADDRESS	Miami, FL 33173
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	10001 SW 68 ST.
2.3 STREET ADDRESS	Miami, FL 33173
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* **4/19/99** **(305) 595-6898**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)