2002 UNIFO	RM BUSI	NESS REPORT (UBR)	FILED Feb 11, 2002 8:00 am Secretary of State			
OCUMENT # Entity Name	P9500	0076393				
I&C INSURANCE & TR	AVEL, INC.		02-11-2002 90064 (			
Principal Place of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address				
<del>1033 - Sw. 28 way -</del> T <del>. Lauderdale - Fl. 3331</del> 2 - The Control of	٠٠					
Principal Place of Business	315+	3. Mailing Address 3/ St.	L (##1/##1 ##0 10/01 #1/11 00/11 ##1/1 00/11 ##1/1 (			
Suite, Apt. #, etc.  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
Sity & State F/.		City & State	4. FEI Number 65-0611467	Applied For		
UUIVIE III	<u>-                                      </u>		_ /	Not Applicable		

تارير	01	<i>□ 'i=~'D22</i> 21				Fee Require	o į		
• "	6. Name and Address of Current R	7. Name and Address of New Registered Agent							
0017415	7 104051 D		Name						
Gonzalez, Isabel D <del>2033 SW 28 Way</del>			Street Address (P.O. Box Number is Not Acceptable)						
			Street Address (P.O. Box Number is Not Acceptable)						
<del>हा. LAUD</del>	ERDALE FL 39312-								
		^	City	avi e		FL 333	3/		
8. The above named entity submits this statement for title purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating)  DATE									
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Tax file May 1, 2002  Make Check Payable			Fee will be \$5	50.00	10. Election Campaign Finand Trust Fund Contribution.	~ <u> </u>	May Be I to Fees		
11.	11. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	ם	☐ Delete	TITLE			Change	☐ Addition		
NAME	GONZALEZ, ISABEL D		NAME		The state of	• ,			
STREET ADDRESS	2033 SW 28 WAY		STREET ADDRESS	15412	$S\omega gr r$				
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		CITY-ST-ZIP	Davie	sw 31 st. 1Fl-33331				
TITLE	D	☐ Delete	TITLE			<b>L</b> Change	Addition		
NAME	GONZALEZ: JOSE M		NAME		and a cod	/	}		
STREET ADDRESS⊾	2033 SW 28 WAY		STREET ADDRESS	15012	SW 31 ST.		1		
	FT-LAUDERDALE FL 33312	, <del>de</del> r und sen	CITY-ST-ZIP	Davie	;ft-3333/				
TITLE	,	□ n-1-4-	TITLE			Channa	☐ Addition		

L.J Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRACTOR

1/23/02

Daytime Phone #

32E034.(9/01),