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

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE
Sandra B Mortham
Scoretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000085663 (9)

JOMA INSURANCE SERVICES, INC.					
Principal Place	of Business	Mailing Address		T ARBITOR! TEN INCOME BARTA BOSTA NOTAL ONTAL	F IDIBLI DINIB BARFA DIIBA IIII NEBA
8917 S.W. 12TH STREET 8917 S.W. 12TH STREET MIAMI FL 33174 MIAMI FL 33174			г		
				3. Date Incorporated or Qualified 3a. D. 11/07/1995	ate of Last Report
 2. Principal Pta 21 8917 	Sw 12th St	2a. Mailing Address 26 P.O. Do X &	523523	4. FEI Number 65-0618790	Applied For Not Applicable
Suite, Apt. #	l, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	Oity & State		6. Election Campaign Financing	\$5.00 May Be
23 MIA	m; F1	28 Miami	FI	Trust Fund Contribution	Added to Fees
Zip 24 99 / 7	7	Ziρ 29 33152	Country 30	8. This corporation has liability for intangible Florida Statutes Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
D. 112 17	sor u				
RUIZ, JOSE M 8917 S.W. 12TH STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI F			83		
			84 City		■ 85 Zip Code
	//			F	
or registere	ed agent, or both, in the State of Flor	ida. Such change was authorized		ation submits this statement for the purpose of or directors. I hereby accept the appointment	
	h, and accept the obligations of, Sec	tion 607,0505, Florida Statutes.			
SIGNATURE	Signature, typed or printed name of registers tages	ta oftentaios able (NOTE	. Bugistered Agent signature required	(where renostates)* DATE	
12.	OFFICERS AN	IO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1 1 TOLE		Change Addition
NAME	RUIZ, JOSE M		1.2 NAME		
STREET ADDRESS	% 8917 S.W. 12TH ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	MIAMI FL 33174 VD	DELETE	1 4 CHY - ST - ZIP 2 1 T.TLE		Change Addition
NAME	RUIZ, JOSE M JR		2.2 NAME		
STREET ADDRESS	% 8917 S.W. 12TH ST.		2 3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33174		2 4 C(TY+ST+Z)P		
TITLE	SD	☐ DELETE	3 1 TIFLE		Change Addition
NAME	RUIZ, NIMIA V		3.2 NAME		
STREET ADDRESS	% 8917 S.W. 12TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		3.4 C+TY - ST - Z:P		
TITLE	\$0	☐ DELETE	4 1 TiTLE		Change
NAME	RUIZ-GALI, ANA L		4 2 NAME		
STREET ADDRESS	% 8917 S.W. 12TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33174	DELETE	4.4 CITY - ST - 7/P 5.1 TI*LF		Change Addition
NAME		C) beceive	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - STI ZIP		
TITLE		DELETE	6 1 TI*LE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST-ZIP			6.4 CI 'Y - ST - ZIP		

14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this arrow 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 their god of an an attachment with an address.

SIGNATURE: ___

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

04/26/16 (308) 553 7767

CR2E034 (12/95)