

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085663 (9)

1. Corporation Name

JOMA INSURANCE SERVICES, INC.



Principal Place of Business

8917 S.W. 12TH STREET
MIAMI FL 33174

Mailing Address

8917 S.W. 12TH STREET
MIAMI FL 33174

3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8917 SW 12th St

26 P.O. Box 523523

4. FEI Number

Applied For

65-0618790

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Miami FL

28 Miami FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

25 33174

30 33152

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUIZ, JOSE M
8917 S.W. 12TH STREET
MIAMI FL 33174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 typed or printed name of registered agent and the date of filing)

(If Not Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RUIZ, JOSE M
STREET ADDRESS % 8917 S.W. 12TH ST.
CITY- ST- ZIP MIAMI FL 33174 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VD
NAME RUIZ, JOSE M JR
STREET ADDRESS % 8917 S.W. 12TH ST.
CITY- ST- ZIP MIAMI FL 33174 ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE SD
NAME RUIZ, NIMIA V
STREET ADDRESS % 8917 S.W. 12TH ST.
CITY- ST- ZIP MIAMI FL 33174 ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD
NAME RUIZ-GALI, ANA L
STREET ADDRESS % 8917 S.W. 12TH ST.
CITY- ST- ZIP MIAMI FL 33174 ☐ DELETE

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.5 CITY- ST- ZIP ☐ Change ☐ Addition

2.6 CITY- ST- ZIP

SIGNATURE:
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04/26/96 (305) 553 7767
Date Daytime Phone

CR2E034 (12/95)