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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091297 (8)

1. Corporation Name

SOUTH MIAMI INSURANCE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

9380 SW 72 ST #B236
MIAMI FL 33173

9380 SW 72 ST #B236
MIAMI FL 33173-3278

3. Date Incorporated or Qualified
11/30/1995

3a. Date of Last Report
08/23/1996

2. Principal Place of Business

21 7485 SW B ST.

Suite, Apt. #, etc.

22 City & State
23 MIAMI, FL 33144

24 Zip 33144 Country USA

9. Name and Address of Current Registered Agent

CARRENO, ABEL R
10744 N. KENDALL DR #M-17
MIAMI, FL 33178

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

Abel R. Carreno

ABEL R. CARRENO

PRESIDENT/REGISTERED AGENT

1-31-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME CRUZ, IVETTE
STREET ADDRESS 9220 S.W. 48TH STREET
CITY-ST-ZIP MIAMI FL 33125

TITLE P
NAME CARRENO, ABEL R
STREET ADDRESS 10744 N. KENDALL DRIVE APT. M-17
CITY-ST-ZIP MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Abel R. Carreno

ABEL R. CARRENO

1-31-97

25 JUL 1997

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