FILED
May 05 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 # P96000012708
Corporation Name
AAAAA Sun Tropic Insurance Service, Inc.

[redacted]

Principal Place of Business	Mailing Address
904 S.W. 67 Ave MIAMI, FL 33144-4761	

Date Incorporated or Qualified	Date of Last Report
2-09-96	1996

21 Principal Place of Business: 904 SW 67 Ave	26 Mailing Address:	FEI Number: 65-0644700	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: MIAMI FL.	28 City & State:	☐	$5.00 May Be Added to Fees
24 Zip: 33144-4761 25 Country: DADE	29 Zip: 30 Country:	This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

Name and Address of Current Registered Agent

DAYAMI QUETGLES
904 S.W. 67 Ave
MIAMI, FL 33144

Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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] DAYAMI QUETGLES 4/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DAYAMI QUETGLES	12 NAME	
STREET ADDRESS	904 S.W. 67 Ave	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33144	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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] DAYAMI QUETGLES 4/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

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