

AAAAA SUN TROPIC INSURANCE SERVICE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90132 043 ***150.00

Principal Place of Business 6791 SW 8 ST MIAMI, FL 33144	Mailing Address 6791 SW 8ST MIAMI, FL 33144
---	--

2. Principal Place of Business 6791 SW 8 ST		3. Mailing Address 6791 SW 8ST		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State MIAMI, FL		City & State MIAMI, FL		
Zip 33144	Country DADE	Zip 33144	Country DADE	4. FEI Number 65-0644700
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent 904 SW 67 AVE MIAMI, FL 33144-4761	7. Name and Address of New Registered Agent Name AAAAA SUN TROPIC INS. SERVICE Street Address (P.O. Box Number is Not Acceptable) 6791 SW 8 ST City MIAMI FL Zip Code 33144
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **APRIL 13, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$250.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DAYAMI QUETGLES STREET ADDRESS 6791 SW 8 ST CITY-ST-ZIP MIAMI, FL 33144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all changes empowered.

SIGNATURE: _____ **APRIL 13, 2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

COPY