

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000025402 (4)  
1. Corporation Name  
INTERNATIONAL INSURANCE CONSULTANTS & ASSOC., IN  
C/.



Principal Place of Business  
2630 HOLLYWOOD BLVD.  
102  
HOLLYWOOD FL 33020  
US

Mailing Address  
2630 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0656965	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TORRES, JOSE R 2630 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VP
NAME	TORRES, JOSE R	12 NAME	Jose R. Torres Jr
STREET ADDRESS	2118 NOVA VILLAGE DR. 5141 S.W. 101 Ave.	13 STREET ADDRESS	5141 S.W. 101 Ave.
CITY-ST-ZIP	DAVIE FL 33317 Cooper City FL 33328	14 CITY-ST-ZIP	Cooper City FL 33328
TITLE	VP	21 TITLE	
NAME	TORRES, ANA	22 NAME	
STREET ADDRESS	2118 NOVA VILLAGE DR. 5141 S.W. 101 Ave.	23 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL Cooper City FL 33328	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	
NAME	TORRES, MARVIN J.	32 NAME	
STREET ADDRESS	2118 NOVA VILLAGE DR. 5141 S.W. 101 Ave.	33 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL Cooper City FL 33328	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	
NAME	TORRES, ANITA	42 NAME	
STREET ADDRESS	2118 NOVA VILLAGE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL Cooper City FL 33328	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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: Jose R. Torres Jose R. Torres 4-25-98 954-923-2340

CR2E034 (10/97)