

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000025606 (0)**

1. Corporation Name  
**ALL INSURE, INC.**

Principal Place of Business  
**5637 S.W. 8TH STREET  
MIAMI FL 33134**

Mailing Address  
**5637 S.W. 8TH STREET  
MIAMI FL 33134-2101**



2. Principal Place of Business 21 <b>5631 SW 8TH ST</b>		2a. Mailing Address 26 <b>5631 SW 8TH ST</b>		3. Date Incorporated or Qualified <b>03/22/1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0675050</b>		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State <b>MIAMI FL</b>		28 City & State <b>MIAMI FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>33134</b>		25 Country <b>DADE</b>		29 Zip <b>33134</b>		30 Country <b>DADE</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

<del>ASSEG. CARMEN</del> <del>5637 S.W. 8TH STREET</del> <del>MIAMI FL 33134</del>				81 Name <b>ALICIA M. ALVAREZ</b>			
				82 Street Address (P.O. Box Number is not Acceptable) <b>5631 SW 8TH ST</b>			
				83			
				84 City <b>MIAMI</b>			
				85 FL			
				86 Zip Code <b>33134</b>			

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 *Alicia Alvarez* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PTD/S</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>ALICIA ALVAREZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALVAREZ, ALICIA M</b>			1.2 NAME	<b>5631 SW 8TH ST</b>		
STREET ADDRESS	<b>5637 S.W. 8TH STREET</b>			1.3 STREET ADDRESS	<b>MIAMI FL. 33</b>		
CITY - ST - ZIP	<b>MIAMI FL 33134</b>			1.4 CITY - ST - ZIP			
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>ASSEG. CARMEN</del>			2.2 NAME			
STREET ADDRESS	<b>5637 S.W. 8TH STREET</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>MIAMI FL 33134</b>			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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, changed, or on an attachment with an address.

SIGNATURE: *Alicia Alvarez*

1/22/97

CR2E034 (9/96)