**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**
**AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).**

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN 12 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036053

1. Corporation Name
Health Family Insurance. Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For / Not Applicable |
|---|---|---|---|
| 21 1140 WEST 50 ST. | 26 Same | 65-0662907 | |
| Suite, Apt. #, etc.: 22 PENTHOUSE | Suite, Apt. #, etc.: 27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| City & State: 23 Hialeah, Fl | City & State: 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip: 24 33012 Country: 25 | Zip: 29 Country: 30 | 8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| | 81 Name: FERNANDO ESPINOSA |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 6841 WEST 25 LN. |
| | 84 City: Hialeah FL 85 Zip Code: 33016 |

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 _____ 12/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | FERNANDO ESPINOSA PRESIDENT 6841 WEST 25 LN. Hialeah, Fl. 33016 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition 800003106348 -01/21/00--01067--018 ****300.00 ****300.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE-PRESIDENT FERNANDO ESPINOSA JR. 7878 WEST 10 AVE. Hialeah, Fl. 33016 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition 99-00 TS |

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:** _____ 12/14/99 (305) 822-0787

Do NOT Remove

December 14th, 1999

To: Florida Department of State
Division of Corporations

From: Florida Health Insurance Group Inc. 2
Health Family Insurance Inc.

Re: Reinstatement of our Corporations

The purpose of this letter is to explain to you the reason why our corporations were not reinstated on time. Recently we spoke to Michelle Millegan regarding a letter we received from one of the Insurance company we represent, that letter stated that our checks were on hold because one of our corporations was desolved. That is how we Found out that both of our corporations were disolved. I Fernando Espinosa spoke to Michelle Millegan and explain to her that we never received a notice of any kind telling us that our corporations were disolved. The reason why because our mailing address was different from the one you showed on file. At this time we have several checks on hold until this matter is resolved I appreciate your inmediate response to this Problem.

Sincerely;

Fernando Espinosa