

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90144 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000064183

1. Corporation Name
ASSURANCE PROVIDERS, INC.

Principal Place of Business

**407 LINCOLN ROAD
SUITE 12-N
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN ROAD
SUITE 12-N
MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

65-0683290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 407 LINCOLN ROAD

Suite, Apt. #, etc.

22 SUITE 12-B

City & State

23 MIAMI BEACH

Zip

24 XX 33139

Country

25 MIAMI-DADE

29

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

**BUENO, SILVIO G
1200 WEST AVE.
APT. 1507
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

SILVIO G. BUENO

82 Street Address (P.O. Box Number is Not Acceptable)

407 LINCOLN ROAD

83

SUITE 12-B

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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

SILVIO G. BUENO

04/22/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE DPST
NAME BUENO, SILVIO G
STREET ADDRESS 1200 WEST AVENUE, APT 1507
CITY-ST-ZIP MIAMI BEACH FL 33139**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
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CITY-ST-ZIP**

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☐ DELETE

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE DPST
1.2 NAME SILVIO G. BUENO
1.3 STREET ADDRESS 407 LINCOLN ROAD, STE 12-B
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

305-534-6655

Daytime Phone #

CR2E034 (11/98)