

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P96000072459 (6)**

1. Corporation Name

BARLAZA INSURANCE CORPORATION

Principal Place of Business

**1380 WEST 41 STREET, SUITE 105
HIALEAH FL 33012**

Mailing Address

**1380 WEST 41 STREET, SUITE 105
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2310 SW 99 AVE**

Suite, Apt. #, etc.

22 **MIAMI, FLA.**

City & State

23 **MIAMI, FLA.**

Zip

24 **33165**

Country

25 **U.S.A**

2a. Mailing Address

26 **2310 SW 99 AVE**

Suite, Apt. #, etc.

27 **N/A**

City & State

28 **MIAMI, FLA.**

Zip

29 **33165**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

08/30/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0689540

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

JUAN CORREA

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

2310 SW 99TH AVE

83

84 City

MIAMI

FL

85 Zip Code

33165

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

Juan Correa
Signature (hand or printed name of registered agent and two if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9-15-97

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME

CORREA, JUAN

STREET ADDRESS

1380 WEST 41 STREET, SUITE 105

CITY-ST-ZIP

HIALEAH FL 33012

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PSTD ☒ Change ☐ Addition

1.2 NAME

CORREA, JUAN

1.3 STREET ADDRESS

2310 SW 99TH AVE

1.4 CITY-ST-ZIP

MIAMI FL 33165

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002304711-09/26/97--01066--001
******173.75 ****173.75**

O. Alan
9/24/97

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 if changed, or on an attachment with an address.

CR2E034 (4/97)

①

BARLAZA INSURANCE CORPORATION

2310 SW 99TH AVENUE
MIAMI FL 33165

September 15, 1997

Florida Dept of State
Division of Corporations
P O Box 1500
Tallahassee, Fl 32302

Gentlemen:

Please be advised that we have moved and we believe that to be the reason for not receiving your first notice. I kindly request that you waive the penalty as we did not get the first notice.

Thank you in advance.

Yours very truly,


Juan Correa