

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90145 043 ***150.00

DOCUMENT # P96000072459

1. Corporation Name
BARLAZA INSURANCE CORPORATION

Principal Place of Business
2310 S.W. 99 AVE.
MIAMI FL 33165

Mailing Address
2310 S.W. 99 AVE.
MIAMI FL 33165



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1996

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9619 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

22 #218

City & State

23 MIAMI, FLA

Zip

24 33172

Country

25 U.S.A

2a. Mailing Address

26 9619 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

27 #218

City & State

28 MIAMI, FL

Zip

29 33172

Country

30 U.S.A

9. Name and Address of Current Registered Agent

CORREA, JUAN
2310 S.W. 99TH AVE.
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name

JUAN CORREA

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

9619 FONTAINEBLEAU BLVD.

83

APT # 218

84 City

MIAMI

FL

85 Zip Code

33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME CORREA, JUAN
STREET ADDRESS 2310 S.W. 99TH AVE.
CITY-ST-ZIP MIAMI FL 33165

TITLE TD ☐ DELETE

NAME CORREA, BLANCA
STREET ADDRESS 2310 S.W. 99TH AVE.
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (305) 207-1122

Date

Daytime Phone #

CR2E034 (11/98)

0238238