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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079502 (6)

1. Corporation Name

GONZALEZ & ZUNIGA INSURANCE AGENCY, INC.

Principal Place of Business

4280 W. 18 LN.
HIALEAH FL 33012

Mailing Address

4280 W. 18 LN.
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2355 W. 52 ST

Suite, Apt. #, etc.

22

City & State

23 Hialeah, FL

Zip

Country

24 33016

25

2a. Mailing Address

26 2355 W. 52 ST

Suite, Apt. #, etc.

27

City & State

28 Hialeah, FL

Zip

Country

29 33016

30

9. Name and Address of Current Registered Agent

ZUNIGA, LUCILA
4280 W. 18 LN.
HIALEAH FL 33012

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

65-0700899

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

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

344L SW L3 ST.

83

84 City

Miami

FL

85

Zip Code

33145

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

Lucila Zuniga

(NOTE: Registered Agent signature required when reinstating)

3/2/98

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME GONZALEZ, WILLIAM E
STREET ADDRESS 4280 W. 18 LN.
CITY-ST-ZIP HIALEAH FL 33012

TITLE DS ☒ DELETE
NAME GONZALEZ, DANIA R
STREET ADDRESS 4280 W. 18 LN.
CITY-ST-ZIP HIALEAH FL 33012

TITLE DVT ☐ DELETE
NAME ZUNIGA, LUCILA
STREET ADDRESS 8442 SW 23 ST.
CITY-ST-ZIP MIAMI FL 33145

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.

CR2E034 (10/97)