

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

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000080719 (3)**  
1. Corporation Name  
**FIVE STARS INSURANCE AGENCY, INC.**



Principal Place of Business 5384 W. 16 AVE. HIALEAH FL 33012	Mailing Address 5384 W. 16 AVE. HIALEAH FL 33012
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/30/1996</b>	
21 <b>5420 W. 16 AVE.</b>	26 <b>5420 W. 16 AVE</b>	4. FEI Number <b>65-0699863</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State <b>Hialeah FL</b>	28 City & State <b>Hialeah FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>33012</b>	25 Country <b>USA</b>	29 Zip <b>33012</b>	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DANIEL, MARLEN</b> <b>640 E 57 ST.</b> <b>HIALEAH FL 33013</b>				10. Name and Address of New Registered Agent			
81 Name <b>Daniel, Marlen</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>3800 SW 126 AVE</b>			
83				84 City <b>MIRAMAR</b>			
85 Zip Code <b>FL 33027</b>				DATE <b>1/30/98</b>			

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE <b>RODRIGUEZ, ODALIS</b> 9856 NW 26 AVE. MIAMI FL 33142	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VPS</b>	<input type="checkbox"/> DELETE <b>DANIEL, MARLEN</b> 640 E 57 ST. HIALEAH FL 33013	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VPS</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>DANIEL, JULIO C</b> 640 E 57 ST. HIALEAH FL 33013	2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Daniel, Marlen</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>RODRIGUEZ, JULIO</b> 9856 NW 26 AVE. MIAMI FL 33142	2.3 STREET ADDRESS	<b>3800 SW 126 AVE</b>
TITLE <input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	<b>MIRAMAR, FL 33027</b>
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
TITLE <input type="checkbox"/> DELETE		3.2 NAME	<b>Daniel, Julio C.</b>
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	<b>3800 SW 126 AVE</b>
TITLE <input type="checkbox"/> DELETE		3.4 CITY - ST - ZIP	<b>MIRAMAR, FL 33027</b>
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		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.

SIGNATURE: *[Signature]* **TURE REMARLEN DANIEL** 1/30/98 (305) 822-3443

CR2E034 (10/97)