

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

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Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5420 W. 16 AVE.	26	5420 W. 16 AVE	09/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0699863	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
Hialeah FL		Hialeah FL		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible	
33012		33012		Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			
Country		Country			
USA					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DANIEL, MARLEN 640 E 57 ST. HIALEAH FL 33013				81 Name Daniel, Marlen	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				3800 SW 126 Ave	
				83	
				84 City	
				Miramar	
				85 Zip Code	
				FL 33027	

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

1/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ODALIS	1.2 NAME	
STREET ADDRESS	9856 NW 26 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33142	1.4 CITY - ST - ZIP	
TITLE	VPS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, MARLEN	2.2 NAME	Daniel, Marlen
STREET ADDRESS	640 E 57 ST.	2.3 STREET ADDRESS	3800 SW 126 Ave
CITY - ST - ZIP	HIALEAH FL 33013	2.4 CITY - ST - ZIP	Miramar, FL 33027
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, JULIO C	3.2 NAME	Daniel, Julio C.
STREET ADDRESS	640 E 57 ST.	3.3 STREET ADDRESS	3800 SW 126 Ave
CITY - ST - ZIP	HIALEAH FL 33013	3.4 CITY - ST - ZIP	Miramar, FL 33027
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JULIO	4.2 NAME	
STREET ADDRESS	9856 NW 26 AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33142	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 REMARLEN DANIEL

1/30/98

(305) 822-3443

CR2E034 (10/97)