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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90107 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000080719

1. Corporation Name

FIVE STARS INSURANCE AGENCY, INC.

Principal Place of Business

5420 W 16TH AVE
HIALEAH FL 33012
US

Mailing Address

5420 W 16TH AVE
HIALEAH FL 33012
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

65-0699863

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

DANIEL, MARLEN
3800 SW 126TH AVE
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name Daniel Marlen
82 Street Address (P.O. Box Number is Not Acceptable)
5420 W. 16 AVE
83
84 City Hialeah FL 85 Zip Code 33012

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 *MARLEN DANIEL*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	RODRIGUEZ, ODALIS	9856 NW 26 AVE.	MIAMI FL 33142	<input checked="" type="checkbox"/>
VPS	DANIEL, MARLEN	640 E 57 ST.	HIALEAH FL 33013	<input type="checkbox"/>
D	DANIEL, JULIO C	3800 SW 126TH AVE	MIRAMAR FL 33027	<input type="checkbox"/>
D	RODRIGUEZ, JULIO	9856 NW 26 AVE.	MIAMI FL 33142	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VPS	Daniel, marlen	5420 W. 16 AVE	Hialeah FL 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PT	Daniel, Julio C	5420 W. 16 AVE	Hialeah, FL 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)