

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

FILED  
May 18 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 # P97000002348 (5)

1. Corporation Name

AUTO HOME & LIFE UNDERWRITERS II, INC.

Principal Place of Business

Mailing Address

5851 WEST FLAGLER STREET  
MIAMI FL 33144

5851 WEST FLAGLER STREET  
MIAMI FL 33144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4753 N.W. 167 St	26	4753 NW 167 St	01/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0735667	
City & State		City & State		Applied For	
23 MIAMI FLORIDA		28 MIAMI FLORIDA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33055		29 33055		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 DADE		30 DADE		Trust Fund Contribution	
2. Principal Place of Business		2a. Mailing Address		<input type="checkbox"/> \$5.00 May Be Added to Fees	
21		26		6. This corporation owes or has paid the current year Intangible	
22		27		Personal Property Tax due June 30.	
23		28		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		7. This corporation owes or has paid the current year Intangible	
25		30		Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

2-9-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RODRIGUEZ, LUIS	1.2 NAME	Luis Rodriguez
STREET ADDRESS	5851 WEST FLAGLER STREET	1.3 STREET ADDRESS	4753 NW 167 St
CITY-ST-ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	MIAMI FL 33055
TITLE	STD	2.1 TITLE	STD
NAME	ALONSO, REINALDO	2.2 NAME	REINALDO ALONSO
STREET ADDRESS	5851 WEST FLAGLER STREET	2.3 STREET ADDRESS	4753 NW 167 St
CITY-ST-ZIP	MIAMI FL 33144	2.4 CITY-ST-ZIP	MIAMI FL 33055
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

2/9/98

65-0735667

CR2E034 (10/97)