

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 29 1998 8:00am
Secretary of State

DOCUMENT # P97000005257 (5)

1. Corporation Name

CNA INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

4337 S.W. 134TH PLACE
MIAMI FL 33175

4337 S.W. 134TH PLACE
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8603 SW 40ST

Suite, Apt. #, etc.

22

City & State
MIAMI FL

23

Zip Country
33155

24

2a. Mailing Address

26 8603 SW 40ST

Suite, Apt. #, etc.

27

City & State
MIAMI FL

28

Zip Country
33155

29

30

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

MESSERLY, LINDA
4337 S.W. 134TH PLACE
MIAMI FL 33175

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ARENADO, ARIEL ABEL
STREET ADDRESS 4337 S.W. 134TH PLACE
CITY-ST-ZIP MIAMI FL 33175

TITLE VPSD ☐ DELETE

NAME MESSERLY, LINDA
STREET ADDRESS 4337 S.W. 134TH PLACE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 SECRETARY ☒ Change ☐ Addition

1.2 NAME ARENADO ARIEL ABEL
1.3 STREET ADDRESS 4337 SW 134 PLACE
1.4 CITY-ST-ZIP MIAMI FL 33175

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PD ☐ Change ☒ Addition

3.2 NAME EDWARD ARENADO
3.3 STREET ADDRESS 8603 SW 40ST
3.4 CITY-ST-ZIP MIAMI FL 33155

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.

SIGNATURE:

Edward Arenado

305 228-0988

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