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Secretary of State

05-06-1999 90203 050 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000005257

1. Corporation Name
CNA INSURANCE AGENCY, INC.



Principal Place of Business

8603 SW 40TH ST
MIAMI FL 33155
US

Mailing Address

8603 SW 40TH ST
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 300 SW 12 AVE

Suite, Apt. #, etc.

22 332B

City & State

23 MIAMI FL

Zip

24 33130

Country

25 USA

2a. Mailing Address

26 300 SW 12 AVE

Suite, Apt. #, etc.

27 332B

City & State

28 MIAMI FL

Zip

29 33130

Country

30 USA

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

APPLIED FOR 65-0830772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

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

EDWARD ARENADO

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

300 SW 12th AVE

83

SUITE 332B

84 City

MIAMI

FL

85 Zip Code

33130

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

Edward Arenado

04/22/99

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 S ☒ DELETE

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

TITLE PD ☒ DELETE

NAME ARENADO, EDWARD
STREET ADDRESS 8603 SW 40TH ST
CITY-ST-ZIP MIAMI FL 33155

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 S ☐ Change ☒ Addition

1.2 NAME ARENADO, ARIEL NICOLAS
1.3 STREET ADDRESS 300 SW 12 AVE, SUITE 332B
1.4 CITY-ST-ZIP MIAMI FL 33130

2.1 TITLE PD ☐ Change ☒ Addition

2.2 NAME ARENADO, ELIAS JAMES
2.3 STREET ADDRESS 17767 SW 114 AVE
2.4 CITY-ST-ZIP MIAMI FL 33177

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/99 - 305-971-1306

Date

Daytime Phone #

CR2E034 (11/98)