

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90101 044 ***150.00

DOCUMENT # P97000051639

1. Corporation Name
BEST CHOICE INSURANCE INC.

Principal Place of Business
1744 SOUTH YOUNG CIRCLE
HOLLYWOOD FL 33020
US

Mailing Address
1744 SOUTH YOUNG CIRCLE
HOLLYWOOD FL 33020
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1997

4. FEI Number
65-0760003

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

2. Principal Place of Business
21 1630 E. Hallandale Beach Blvd

2a. Mailing Address
26 1630 E. Hallandale Beach Blvd

Suite, Apt. #, etc.
22 Hallandale, FL

Suite, Apt. #, etc.
27 Hallandale, FL

City & State
23 33009 USA

City & State
28 33009 USA

Zip
24
Country
25

Zip
29
Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, DAVID
~~210-172 STREET~~ 8635 Harding Ave #4
APT 130 Miami Beach, FL 33141
~~SUNNY ISLES BCH FL 33160~~ New Home Address

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: DAVID RODRIGUEZ President DATE: 4/20/99
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RODRIGUEZ, DAVID
STREET ADDRESS 210-172 STREET APT 130
CITY-ST-ZIP SUNNY ISLES BCH FL 33160

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME AMAT, JENNY
STREET ADDRESS 210-172 STREET APT 130
CITY-ST-ZIP SUNNY ISLES BCH FL 33160

2.1 TITLE STD
2.2 NAME Rodriguez, David
2.3 STREET ADDRESS 8635 Harding Ave #4
2.4 CITY-ST-ZIP Miami Beach, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: DAVID RODRIGUEZ President DATE: 4/20/99 DAYTIME PHONE: (954) 455-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0123856

CR2E034 (11/98)