**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9700066466

ARENAS INSURANCE AGENCY, INC.

1. Corporation Name

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90091 037 \*\*\*150.00



TITLE								
MAMI FL 33142   MAMI FL 33142   Do NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Principal Place of Business   2a   Mailing Address   4. FET Number   Applied For   21   22   25   26   Suite. Apt. #, etc.   Suite					DO NOT WRITE IN THIS SPACE			
Principal Place of Business   2a Mailing Address   55-0785116   Not Applied For South Apr. #, etc.   28 Sulte, Apr. #, etc.   27 Sulte, Apr. #, etc.   28 Sulte, Apr. #, etc.   27 Sulte, Apr. #, etc.   27 Sulte, Apr. #, etc.   27 Sulte, Apr. #, etc.   28 Sulte, Apr. #, etc.   28 Sulte, Apr. #, etc.   27 Sulte, Apr. #, etc.   28 Sulte, Apr. #, etc.   28 Sulte, Apr. #, etc.   28 Sulte, Apr. #, etc.   29 Sulte, Apr. #,								
Suite, Apt. #, etc.   Status   Statu								
Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   City & State 24   City & State 25   Country 26   Country 27   Country 28   Suite, Apt. #, etc. 28   Country 29   Country 20   Country 20   Suite, Apt. #, etc. 29   Country 20   Suite, Apt. #, etc. 29   Country 20   Suite, Apt. #, etc. 29   Suite, Apt. #, etc. 20   Suite, Apt. #, etc. 21   Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   Suite, Apt. #, etc. 24   Suite, Apt. #, etc. 25   Suite, Apt. #, etc. 26   Suite, Apt. #, etc. 26   Suite, Apt. #, etc. 26   Suite, Apt. #, etc. 27   Suite, Apt. #, etc. 28   Suite, Apt. #, etc. 29   Suite, Apt. #, etc. 29   Suite, Apt. #, etc. 20   Suite, Apt. #, etc. 21   Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   Suite, Apt. #, etc. 25   Suite, Apt. #, etc. 25   Suite, Apt. #, etc. 26   Suite, Apt. #, etc. 27   Suite, Apt. #, etc. 28   Suite, Apt. #, etc. 28   Suite, Apt. #, etc. 29   Suite, Apt. #, etc. 29   Suite, Apt. #, etc. 20   Suite, Apt. #, etc. 20   Suite, Apt. #, etc. 21   Suite, Apt. #, etc. 21   Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   Suite, Apt. #, etc. 24   Suite, Apt. #, etc. 25   Suite, Apt. #, etc. 26   Suite, Apt. #, etc. 26   Suite, Apt. #, etc. 27   Suite, Apt. #, etc. 28   Suite, Apt. #, etc. 29   Suite,	Principal Place of Business     Za. Mailing Address					- ·	\\	
S. Gerificate of Status Description   Section   Sectio	21					65-0/85116		
City & State	<del></del>	, etc.	<u> </u>	_		5. Certificate of Status Desired	Fee Required	
Zip   Country   Zip   Country   Zip   Country   Registered Agent   Personal Property Tax   Yes   No	City & State		City & State	¬ '				
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  ARENAS, ILDELISA 3195 NW 54 STREET MAMI FL 33142  83  44 City  FL  85 Street Address (P.O. Box Number is Not Acceptable)  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 Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and maillar with, and accept the obligations of, Section 607.505, Florida Statutes.  SIGNATURE 30guellare, typed or proted name of registered agent and scent the obligations of, Section 607.505, Florida Statutes.  SIGNATURE 30guellare, typed or proted name of registered agent agent and time it in a statement for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And the purpose of changing its registered agent. And for the purpose of changing its registered agent agent and the purpose of changing its registered agent. And for the purpose of changing its registered agent agent and the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changing its registered agent. And for the purpose of changi		Country		Count	ry	8. This corporation owes the current year	Intangible	
9. Name and Address of Current Registered Agent  ARENAS, ILDELISA 3195 NW 54 STREET MIAMI FL 33142  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Statutes, the above-named corporation submits this statement for the purpose of changing its registered signal. I am familiar with, and accept the obligations of, Section 67.0505, Florids Statutes.  SIGNATURE  SIGNATURE  Signature, typed or private name of registered private sequence when remistating)  12. OFFICERS AND DIRECTORS 11. IT	<b>—</b> `		<u>⊢</u>			Personal Property Tax.	☐ Yes	□No
ARENAS, ILDELISA 3195 NW 54 STREET MIAMI FL 33142  81						10. Name and Address of New Register	ad Agent	
3.195 NW 54 STREET MIAMI FL 33142  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 fice 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, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PD OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD OFFICERS AND DIRECTORS IN 12  TITLE  ACCITY-ST-2P  MIAMI FL 33142  DELETE  11 TITLE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  ACCITY-ST-2P  MIAMI FL 33142  DELETE  11 TITLE  Change Addition				8	1 Name	•		
MIAMI FL 33142    84				82 Street Add		ess (P.O. Box Number is Not Acceptable)		
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 607.0905, Florida Statutes.  SIGNATURE    Signature, toped or protein agent agent agent and title # appointment of registered agent agent and title # appointment as registered.    Interest			•	8	3			
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 surhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Floridad Statutes.  SIGNATURE    Signature, toped or printed name of registered agent and tibs of applicable.   MOTE: Registered Agent a	ı			8	4 City		85 Zip	Code
office or registered agent, or both, in the scale of Florida. Statutes.  SIGNATURE    Signature, typeed or prototed name of ingitizend agent and title if exposable. (NOTE: Registered Agent segnature required when reinstatuting)   DATE	_		<del></del>			tion authority this statement for the purpose	of channing its	s registered
Signature, typed or printed name of registered agent and title if applicables (NOLE: Registered Agents Manufacture Agents Manuf						on's board of directors. I hereby accept the ap	pointment as re	gistered
12. OFFICERS AND DIRECTORS  TITLE PD ARENAS, ILDELISA STREET ADDRESS CITY-ST-ZP MIAMI FL 33142  TITLE SD NAME HIDALGO, NOEMI STREET ADDRESS CITY-ST-ZP MIAMI FL 33142  DELETE 22 NAME STREET ADDRESS CITY-ST-ZP MIAMI FL 33142  DELETE 32 NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS TITLE SD TITLE	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Regi	stered A	gent signature require	o with removality		
NAME   ARENAS, ILDELISA   13 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33142   14 CITY-ST-ZIP   MIAMI FL 33142   14 CITY-ST-ZIP   MIAMI FL 33142   15 TITLE   Change   Addition				13.		ADDITIONS/CHANGES TO OFFICERS		
AND TITLE SD DELETE 13.STREET ADDRESS CITY. \$1.2IP MAMI FL 33.142	TITLE	PD	DELETE	1.1 TITU	E		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME HIDALGO, NOEMI STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142  ITTLE NAME NAME NOELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET	NAME	ARENAS, ILDELISA		1.2 NAM	E			
TITLE SD   DELETE   21 TITLE   Change   Addition   Change   Addition   Change   Addition   Change   Change   Addition   Change	STREET ADDRESS	3195 NW 54 STREET	l l	1.3 STR	EET ADDRESS			
TITLE NAME STREET ADDRESS 3195 NW 54 STREET 3195 NW 54 STREET 21 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142  DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 1.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 51 TITLE 51 TITLE NAME 51 STREET ADDRESS CITY-ST-ZIP TITLE NAME 51 STREET ADDRESS 51 S	CITY-ST-ZIP	MIAMI FL 33142					Change	Addition
STREET ADDRESS   STREET ADDRESS   STREET	TITLE	SD	☐ DELETE	2.1 TITL	E		Clarige	
2   A   CITY-ST-ZIP	NAME							
DELETE   D	STREET ADDRESS	3195 NW 54 STREET		2.3 STR	EET ADDRESS			
TITLE	CITY-ST-ZIP	MIAMI FL 33142					Change	- Addition
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   Change   Addition	TITLE		☐ DELETE					
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STREET ADDRESS  CITY. ST. 7/P  6.4 CITY. ST. 7/P	1				[*	•		j

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.