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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071593

1. Corporation Name

DEL REY INSURANCE GROUP, INC.

Principal Place	e of Business	Mailing Address							
8230 SW 47 TE	RR	8230 SW 47 TERRACE							
MIAMI . 33155		MIAMI FL 33155			DO NOT WINTEN THE COACE				
US		US			DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualified 08/18/1997 			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26			65-0775547		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certifcate of Status Desired	J	Fee R	equired
City & State		City & State			6. Election Campaign Financing	7	\$5.00	May Be	
23		28			Trust Fund Contribution	J	Added	to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current	year Intan	gible	
24	25	29	30			Personal Property Tax.		Yes	□No
,1	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	istered Ag	ent	
				81	Name				
	REY, M R		1		Ct And	France (D.O. Boy Alumbar in Not Accontable	<u> </u>		
8230 SW 47TH TERR			83		Street Add	tress (P.O. Box Number is Not Acceptable	')		
MIAN	MI FL 33155		Ì	83					
				84	City	·	FL	85 Zip	Code
44 Dunau ant	to the arminisms of Sections 607.	0502 and 507 1508 Florida Statute	s the at	2018	-named cor	poration submits this statement for the put		anging its	s registered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was au	thorized	by t	he corporat	ion's board of directors. I hereby accept the	e appointr	nent as re	egistered
agent. I ar	m tamiliar with, and accept the ob	ligations of, Section 607.0505, Flori	ida Statu	ıtes.		4-25-	SC		
SIGNATURE		delly					- / -]	_	
Signature, typed or printed name of registered ag				egistered Agent signature require					
40				Agent	agrature redui		ERS AND	DIRECTO	ORS IN 12
12.	OFFICERS	AND DIRECTORS	13.		- signature requi	ADDITIONS/CHANGES TO OFFIC			
TITLE	OFFICERS VP		13. 1.1 TIT	LE	asynature requi			DIRECTO Change	ORS IN 12
TITLE NAME	OFFICERS VP RODRIGUEZ, A N	AND DIRECTORS	13. 1.1 TIT 1.2 NA	LE ME					
TITLE	VP RODRIGUEZ, A N 8230 SW 47 TERR	AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME REET	ADDRESS				
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP