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

DOCUMENT # P97000073323 (2)

INTERNATIONAL INSURANCE SPECIALISTS, INC.

FILED Feb 16 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		, ,	-{	FFAL (FILL IIII)	11000 HHA 1801
7985 SW 146TH CT. 7985 SW 146TH CT.							
MIAMI FL 33183 MIAMI FL 33183					DO HOT WOLVE IN THE ORACE		
•					DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE	
-					1		
2. Principal P	Place of Business	2a. Mailing Address			08/22/1997 4. FEI Number		Applied For
	SunseT Drive	26 9450 Sun	Se	T Drive	65-0776975	 	Not Applicable
Suite: Apt	#. etc	Suite, Apt. #, etc.					Additional
22	10	27 110			5. Certificate of Status Desired	•	Required
City & Slat	li Ami, FL 28 Mi Ami, FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24 33	173 Country A	^{Zip} 33173 30	Country	15A	This corporation owes or has paid the of Personal Property Tax due June 30.	urrent year Yes	Intangible
1 2 2	9. Name and Address of Current	1-1-1		1	10. Name and Address of New Registere		- 140
(A)	ERRIERI, DANIEL	······································	Name				
0000 00/ 4407 07				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33155				82 Street Address (P.O. Box Number is Not Acceptable)			
,,,,,	,		83				
			84	City		85 Zi	p Code
					F		1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	e abov	e-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing	its registered
agent la	m familiar with, and accept the obligati	ons of, Section 607 0505, Florida	Statute	s.	on a board of directors. Thereby accept the a	apolintinent a	is registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·					
12.	Signature, typed or printed name of registered agent OFFICERS AND	··· · · · · · · · · · · · · · · · · ·	stered Ag 13.	ent signature required		ID DIDECT	DC IN 12
TITLE	D		13. 1111LE		ADDITIONS/CHANGES TO OFFICERS AI	Change	
NAME	GARCIA-BARBON, ALINA	I	1 2 NAME			Onlange	,
STREET ADDRESS	7985 SW 146TH CT.			T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-5				
TITLE	Marini 12 00100		2.1 TITLE	51-21		Change	Addition
NAME			.2 NAME				_
STREET ADDRESS		2	.3 STREET	T ADDRESS			
CITY-ST-ZIP		2	2. 4 CITY -	S1-ZIP			
TITLE			I.1 TITLE			Change	Addition
NAME		3	1.2 NAME				
STREET ADDRESS		3	3 STREET	ADDRESS]
CITY-ST-ZIP			4. CITY-	SI-7IP			
TITLE		DELETE 4	I.1 TITLE			Change	Addition
NAME		4	2 NAME				
STREET ADDRESS		4	.3 STREET	F ADDRESS			
CITY-ST-ZIP			4 CITY - S	ST-ZIP			
TITLE		☐ DELETE 5	A TITLE	Ì		☐ Change	Addition
NAME		5	2 NAME				
STREET ADDRESS		5	.3 STREET	ADDRESS			
CITY-ST-ZIP			4 CITY-S	ST - 71P		··— -:	<u> </u>
TITLE		1	A TITLE			☐ Change	Addition
NAME .	\vdots		.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	partify that the information accepted with		4 CITY - S		ection 119.07(3)(i), Florida Statutes. I further	Soulife, the staff	n information
THE CHURCH	POTENTY BLICK THE THIOHITARION SUPPRIED WITH	THE THEIG GOOS FOR QUAINVIOLINE	exemp	นเอก รเลเยน เท 56	ection Traion ajul, Fiorida Statutes, Fioride (Joruny (Hat (f	ie iliomiation

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.

GENATURE MANDE ALINA GARCIA-BARDON 2/9/98 596-0222