

FROM : JOSEPH K. NOFIL, C.P.A.

PHONE NO. : 954 484 5531

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000080273

1. Corporation Name

AUTO INSURANCE U.S.A., INC.

Principal Place of Business 3132 N. FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064	Mailing Address 3132 N. FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0781802		Applied For Not Applicable	
21. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		6. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22. City & State		27. City & State		8. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		9. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No			
25. Country		29. Country		10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
MICHAEL J. QUAREQUIO, ESQ.
500 S.E. 6TH STREET # 100
FORT LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent
#1 Name
#2 Street Address (P.O. Box Number is Not Acceptable)
#3
#4 City FL #5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	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 furnished 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 individual or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in either 12 or 13 if changed, or in an attachment with an address.

SIGNATURE: Daniel C. Stewart DANIEL C. STEWART TRES. SECY 4-29-98

04/28/98 15:24

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