

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000095738
1. Corporation Name
SHILING & TOLEDO Insurance, Inc.
3325 NW 36th St
Miami, FL 33142
Principal Place of Business
3325 NW 36th St
Miami, FL 33142
Mailing Address
P.O. Box 172412
Miami, FL 33007

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified Nov. 7 1997 4. FEI Number 65-0796246 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent

Eduardo Riusech, Esquire
10030 S.W. 40 STREET
Suite B
Miami, FL 33165

10. Name and Address of New Registered Agent

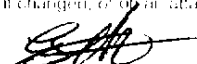
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (Printed name of person signing in full and complete name) (Printed Registered Agent signature required when retaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PRESIDENT	ESTHER SHILING	11 TITLE	
	P.O. BOX 172412	12 NAME	
	MIALEAH, FL 33007	13 STREET ADDRESS	
		14 CITY, ST, ZIP	
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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 financial 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 of changes, or of an attachment with an address.

SIGNATURE:  ESTHER SHILING 4-7-98 (305) 889-0989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)