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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT -2 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000100355

1. Corporation Name
NEW YORK INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
13205 SW 137th Avenue Suite 210 Miami, Florida 33166	SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 65-0802147 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FALCON, ADALGIZA 6642 SW 8TH ST MIAMI FL 33144	81 Name: DINORAH SOMONTE 82 Street Address (P.O. Box Number is Not Acceptable): 15351 SW 144th Street 83 84 City: Miami FL 85 Zip Code: 33196

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: X Dinorah Somonte — (A) Dinorah Somonte — 9-28-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ANARDA FALCON		1.2 NAME	DINORAH SOMONTE	
STREET ADDRESS	6061 Collins Avenue #17E		1.3 STREET ADDRESS	15351 SW 144th Street	
CITY-ST-ZIP	Miami Beach, FL 33140		1.4 CITY-ST-ZIP	Miami, FL 33196	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	300003429393--3	
STREET ADDRESS			2.3 STREET ADDRESS	--10/19/00--01025--006	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		KE

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.

SIGNATURE: Dinorah Somonte — 9/28/00 (30) 9-663-00