

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90085 040 ***150.00

DOCUMENT # P98000004793

1. Entity Name

LOW PRICE INSURANCE CORPORATION

Principal Place of Business	Mailing Address
15925 NW 57 AVE STE A MIAMI FL 33014 US	15925 NW 57 AVE STE A MIAMI FL 33014 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0819582	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEGRON, JUAN ANTONIO 17332 NW 61 COURT SOUTH MIAMI FL 33015	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE <i>Frieda J. Negron</i> Signature, typed or printed name of registered agent and title if applicable.	<i>FRIEDA J. NEGRON</i> (NOTE: Registered Agent signature required when reinstating)	<i>01/31/01</i> DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEGRON, JUAN ANTONIO 17332 NW 61 COURT SOUTH MIAMI FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NEGRON, JUAN ANTONIO 17332 NW 61 CT MIAMI - FL - 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEGRON, FRIEDA JESSYCA 17332 NW 61 COURT SOUTH MIAMI FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NEGRON, FRIEDA JESSYCA 17332 NW 61 CT MIAMI - FL - 33015 100% <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Frieda J. Negron</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Director</i> Date: <i>01/31/01</i> (305) 621-6760 Daytime Phone #
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CR2E034 (10/00)

621261
P# P9800000473

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

LOW PRICE INSURANCE CORP.
(PRESENT NAME)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article # VI Directors

Delete: JUAN ANTONIO NEGRON
17332 NW 61 CT
MIAMI - FL - 33015 President ... 50%

ADD: FRIEDA J. NEGRON
17332 NW 61 CT
MIAMI - FL - 33015 President -- 100%

ADD: JUAN A. NEGRON
17332 NW 61 CT
MIAMI - FL - 33015 Director.

Article # IV New Registered Agent

FRIEDA JESSYCA NEGRON
17332 NW 61 CT.
MIAMI - FL - 33015

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows.