

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90180 019 ***150.00

DOCUMENT # P98000053488

1. Corporation Name
CABRAL INSURANCE CORP.

Principal Place of Business
2740 W. 63RD PLACE #21
HIALEAH FL 33016

Mailing Address
2740 W. 63RD PLACE #21
HIALEAH FL 33016



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/15/1998

4. FEI Number
65-0843967

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

2. Principal Place of Business
21 210 SOUTH FLAMINGO ROAD

2a. Mailing Address
26 3750 W FLAGLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 PEMBROKE PINES, FLORIDA

27 City & State
28 MIAMI, FLORIDA

24 Zip 33027 25 Country BROWARD

29 Zip 33134 30 MIAMI-DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABRAL, JORGE
2740 W. 63RD PLACE #21
HIALEAH FL 33016

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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 PD
NAME CABRAL, JORGE
STREET ADDRESS 2740 W. 63RD PLACE #21
CITY-ST-ZIP HIALEAH FL 33016

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME CABRAL, MARIA G
STREET ADDRESS 2740 W. 63RD PLACE #21
CITY-ST-ZIP HIALEAH FL 33016

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA CABRAL

04/09/99

Date

305-443-2829

Daytime Phone #

CR2E034 (11/98)