


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

FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90040 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000074637

1. Corporation Name

NEW ALLIANCE INSURANCE BROKERS, INC.

Principal Place of Business

8360 W. FLAGLER ST
SUITE 102
MIAMI FL 33144

Mailing Address

8360 W. FLAGLER ST
SUITE 102
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1998

4. EEL Number

650860368

Applied For

☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	1.2 NAME	
STREET ADDRESS	TORRES, HUMBERTO	1.3 STREET ADDRESS	
CITY-ST-ZIP	2841 S.W. 133RD AVE	1.4 CITY-ST-ZIP	
	MIAMI FL 33175		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	2.2 NAME	
STREET ADDRESS	BIALILEW, SAUL	2.3 STREET ADDRESS	
CITY-ST-ZIP	12705 S.W. 77TH COURT	2.4 CITY-ST-ZIP	
	MIAMI FL 33156		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	
STREET ADDRESS	CASTRO, OLGA	3.3 STREET ADDRESS	
CITY-ST-ZIP	877 LA PALOMA ROAD	3.4 CITY-ST-ZIP	
	KEY LARGO FL 33037		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	
STREET ADDRESS	OLIVA, RICARDO E	4.3 STREET ADDRESS	
CITY-ST-ZIP	1031 N.W. 185TH AVE.	4.4 CITY-ST-ZIP	
	PEMBROKE PINES FL 33029		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	
STREET ADDRESS	BAICH, GEORGE M	5.3 STREET ADDRESS	
CITY-ST-ZIP	11133 S.W. 17TH MANOR	5.4 CITY-ST-ZIP	
	DAVE FL 33324		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

RICARDO OLIVA

Date

Daytime Phone #

CR2E034 (11/98)