

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90180 014 ***150.00

DOCUMENT # P98000074933

1. Corporation Name

ALL CITY INSURANCE BEAUCU, INC.

Principal Place of Business

685 N.E. 126TH STREET
NORTH MIAMI FL 33161

Mailing Address

P.O. BOX 610277
NORTH MIAMI FL 33261
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1998

4. FEI Number

65-0593399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CAREY, GREGORY
8475 BIRD RD.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

FEDERICO BRITOS

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

8475 BIRD RD.

83

84 City

MIAMI

FL

85 Zip Code

33155

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

Federico Britos
Signature, typed or printed name of registered agent and title if applicable.

FEDERICO BRITOS, AGENT

01-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BOATWRIGHT, LEONARD
STREET ADDRESS 8475 BIRD RD.
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME CAREY, GREGORY
STREET ADDRESS 8475 BIRD RD.
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME BRITOS, GUSTAVO
STREET ADDRESS 8475 BIRD RD.
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

Gustavo Britos Director: GUSTAVO BRITOS. 01-20-99. (305) 552-1758

0277926

CR2E034 (11/98)