

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90201 035 \*\*\*150.00

DOCUMENT # P98000087308

1. Corporation Name

ASSURANCE ASSOCIATES OF MIAMI III, INC.

Principal Place of Business

5401 NORTHWEST 79TH AVENUE  
MIAMI FL 33166

Mailing Address

5401 NORTHWEST 79TH AVENUE  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

65-0869272

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER,  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

ASSURANCE ASSOCIATES OF MIAMI

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

5401 NW 79 AVE

83

84 City

MIAMI

FL

85 Zip Code

33166

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

TITLE PD  
NAME ABURTO, ARIEL  
STREET ADDRESS 5401 NORTHWEST 79TH AVENUE  
CITY-ST-ZIP MIAMI FL 33166

☒ DELETE

TITLE VS  
NAME GARCIA, ALEX  
STREET ADDRESS 5401 NORTHWEST 79TH AVENUE  
CITY-ST-ZIP MIAMI FL 33166

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Garcia, Alejandro  
1.3 STREET ADDRESS 5401 Northwest 79 Avenue  
1.4 CITY-ST-ZIP miami, FL 33166

☐ Change

☒ Addition

2.1 TITLE OSCAR R. ZELAYA  
2.2 NAME (VICE PRESIDENT)  
2.3 STREET ADDRESS 5401 NW 79 AVENUE  
2.4 CITY-ST-ZIP MIAMI FL 33166

☐ Change

☒ Addition

3.1 TITLE (SECRETARY)  
3.2 NAME SALVADOR A. GARCIA C  
3.3 STREET ADDRESS 5401 NW 79 AVE.  
3.4 CITY-ST-ZIP MIAMI, FL 33166

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 (305) 477-4481

CR2E034 (11/98)