

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # **P98000087542**  
1. Corporation Name  
**BUDGET INSURANCE AGENCY USA, INC.**

Principal Place of Business Mailing Address  
16336 N.W. 83RD COURT 16336 N.W. 83RD COURT  
MIAMI LAKES FL 33016 MIAMI LAKES FL 33016

APPROVED  
AND  
FILED

99 OCT -8 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 3980 West 16 Ave.	26	10/13/1998	65-0868589	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23 Hialeah	28 FLA			
Zip	Country	7. This corporation owes the current year Intangible Personal Property.		Yes No
24 33012	25 DADL			
29	30			

9. Name and Address of Current Registered Agent

FERNANDEZ, BARBARA Z C ARBARA  
16336 N.W. 83RD COURT  
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name Barbara Fernandez  
82 Street Address (P.O. Box Number is Not Acceptable)  
3980 W 16 Ave  
83  
84 City Hialeah FL 85 Zip Code 33012

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	PTD	1.1 TITLE	
NAME	FERNANDEZ, BARBARA C	1.2 NAME	
STREET ADDRESS	4433 WEST 10TH COURT	1.3 STREET ADDRESS	600003026156---8
CITY-STATE-ZIP	HIALEAH FL 33012	1.4 CITY-STATE-ZIP	-10/27/99--01051--002
TITLE	SVD	2.1 TITLE	***150.00
NAME	NARANJO, CARIDAD E	2.2 NAME	***150.00
STREET ADDRESS	16336 N.W. 83RD COURT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI LAKES FL 33016	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/99 205-826-4678

CR2E034 (5/99)

September 21, 1999

To Whom It May Concern:

Dear Sirs,

Please be advised that I just received a 2<sup>nd</sup> notice from you with a penalty charge of \$400.00 to renew the Corporate Charter. I have never received the first notice due to the fact that the address that this notice was sent to is incorrect address. My correct address was 1579 West 60<sup>th</sup> St. It seems that the original notice was sent at 16336 N.W. 83<sup>rd</sup> Ct. This was an error on part of the accountant who erroneously put down another person's address instead of the correct one.

Also, please note that there is a change of address. All mail to Budget Insurance should be forwarded from now on to 3980 W 16<sup>th</sup> Ave, Hialeah, FL 33012. I would appreciate your taking note of the above information and take it into consideration, as I don't feel that I am liable for this penalty charge that it is being imposed.

Yours Truly,



Barbara Fernandez  
Budget Insurance Agency USA, Inc.