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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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INSURANCE PLUS

4975 E. 4th Avenue
Hialeah, FL. 33013
(305) 685-6166

Cl

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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O/D resign.

V SHEPARD JUL 12 2000

Examiner's Initials

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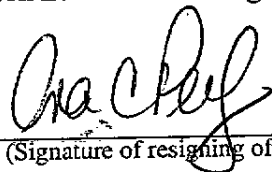
OFFICER / DIRECTOR RESIGNATION

I, ANA C. PEREZ, hereby resign as DIRECTOR
(Title)

of INSURANCE PLUS SO. FLA. INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

FILING FEE IS \$35.00