FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 12:06

DOCUMENT # S00609 (5)

1. Corporation Name

A ABACUS MR. AUTO INSURANCE OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
28726 SO DIXIE HWY HOMESTEAD FL 33033 US	28726 SO DIXIE HWY HOMESTEAD FL 33033 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1990	3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0241705	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 has liability for intangible tax under S. 199.032 Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VIGIL, RAFAEL 28726 SO DIXIE HWY HOMESTEAD FL 33033	81 Name: Rehmert C. Clark 82 Street Address (P.O. Box Number is Not Acceptable): 28726 So. Dixie Hwy 83 84 City: Homestead FL 85 Zip Code: 33033

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] Rehmert C. Clark DATE 1-11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~SVD~~ PD	1) TITLE	PD	☒ Change ☐ Addition
NAME	CLARK, REHMERT C	1) NAME	Clark, Rehmert C.	
STREET ADDRESS	3722 ESTEPONA AVE	1) STREET ADDRESS	3722 Estepona ave	
CITY-ST-ZIP	MIAMI FL	1) CITY-ST-ZIP	Miami, Fl 33178	
TITLE	~~PD~~ VPD	2) TITLE	VPD	☒ Change ☐ Addition
NAME	VIGIL, RAFAEL	2) NAME	Vigil, Rafael	
STREET ADDRESS	5775 SW 123 AVE	2) STREET ADDRESS	5775 S.W. 123 ave	
CITY-ST-ZIP	MIAMI FL	2) CITY-ST-ZIP	Miami, Fla	
TITLE	STD	3) TITLE	STD	☐ Change ☒ Addition
NAME	Clark, Wilma R	3) NAME	Clark, Wilma R.	
STREET ADDRESS	3722 Estepona ave	3) STREET ADDRESS	3722 Estepona ave	
CITY-ST-ZIP	Miami, Fl 33178	3) CITY-ST-ZIP	Miami, Fl 33178	
TITLE		4) TITLE		☐ Change ☐ Addition
NAME		4) NAME		
STREET ADDRESS		4) STREET ADDRESS		
CITY-ST-ZIP		4) CITY-ST-ZIP		
TITLE		5) TITLE		☐ Change ☐ Addition
NAME		5) NAME		
STREET ADDRESS		5) STREET ADDRESS		
CITY-ST-ZIP		5) CITY-ST-ZIP		
TITLE		6) TITLE		☐ Change ☐ Addition
NAME		6) NAME		
STREET ADDRESS		6) STREET ADDRESS		
CITY-ST-ZIP		6) 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 above information, including the 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.

SIGNATURE: [signature] Rehmert C. Clark 1-11-95 246-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0117202 CP