FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # S00609

1. Corporation Name
A ABACUS Mr. Auto Insurance of Homestead, inc.

Principal Place of Business / Mailing Address
28726 S. Dixie Hwy
Homestead FL 33033

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Bruce A. Roeck
28732 S. Dixie Hwy
Homestead, FL 33030

10. Name and Address of New Registered Agent

81 Name: Brenedy Harley
82 Street Address (P.O. Box Number is Not Acceptable): 28726 S. Dixie Hwy
83
84 City: Homestead, FL 65 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: President 3-24-98
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	President ☐ DELETE	1.1 TITLE	President ☑ Change ☐ Addition
NAME	Rafael Vigil	1.2 NAME	Brenedy Harley
STREET ADDRESS	577 SW 123 Ave	1.3 STREET ADDRESS	1698 Sunrise Blvd
CITY-ST-ZIP	Miami, FL 33157	1.4 CITY-ST-ZIP	Homestead, FL 33033
TITLE	Vice President/Treasurer/Secretary ☐ DELETE	2.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	Wilma Clark	2.2 NAME	Michael G. Harley
STREET ADDRESS	2722 Estepona Ave	2.3 STREET ADDRESS	1698 Sunrise Blvd
CITY-ST-ZIP	Miami, FL	2.4 CITY-ST-ZIP	Homestead, FL 33033
TITLE	☐ DELETE	3.1 TITLE	Secretary/Treasurer ☑ Change ☐ Addition
NAME		3.2 NAME	Oscar E. Acosta
STREET ADDRESS		3.3 STREET ADDRESS	30311 SW 149 Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Leisure City, FL 33033
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	-LS 4.10
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	400002485500 ☐ Change ☐ Addition
NAME		6.2 NAME	-04/13/98--01011--002
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		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.

SIGNATURE: 3/24/98 305-246-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)