

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S07621** (3)

1. Corporation Name

A & R INSURANCE ENTERPRISES, INC.



Principal Place of Business

**6600 SW 57TH AVE.
MIAMI FL 33143**

Mailing Address

**6600 SW 57TH AVE.
MIAMI FL 33143**

3. Date Incorporated or Qualified

10/10/1990

3a. Date of Last Report

05/10/1995

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

4. FEI Number

65-0222188

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYER, WARREN
6600 SW 57TH AVE.
MIAMI FL 33143**

81 Name

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

83

84 City

FL

85 Zip Code

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 firm if applicable

(600) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **ABRAHAM, ANTHONY R.**
STREET ADDRESS **4181 SW 8TH STREET**
CITY-STATE-ZIP **MIAMI FL**

TITLE **DT** ☐ DELETE
NAME **ABRAHAM, THOMAS GHATTAS**
STREET ADDRESS **1505 PONCE DE LEON BLVD**
CITY-STATE-ZIP **CORAL GABLES FL**

TITLE **DV** ☐ DELETE
NAME **D'ABBIERI, PHILIP**
STREET ADDRESS **6600 S.W. 57 AVE #120**
CITY-STATE-ZIP **MIAMI FL**

TITLE **VPD** ☐ DELETE
NAME **MALOUF, THOMAS**
STREET ADDRESS **1700 E HILLSBORO**
CITY-STATE-ZIP **TAMPA FL**

TITLE **AS** ☐ DELETE
NAME **ROSENFELD, STELLA A.**
STREET ADDRESS **6600 S.W. 57 AVE**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE **SECRETARY** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE **TREASURER U.P.** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Philip D'Abbiere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 442-1000
DATE DAY/PHONE #

CR2E034 (12/95)