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FILED
May 13 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 # S07621 (3)

1. Corporation Name

A & R INSURANCE ENTERPRISES, INC.

Principal Place of Business

6800 SW 57TH AVE.
MIAMI FL 33143

Mailing Address

6800 SW 57TH AVE.
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1990

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYER, WARREN
6800 SW 57TH AVE.
MIAMI FL 33143

81 Name

FERNANDO C. SENRA

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

4181 S.W. 8th St

83

MIAMI

84 City

FL

85

Zip Code

33134

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, 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

4/25/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME ABRAHAM, ANTHONY R.
STREET ADDRESS 4181 SW 8TH STREET
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME ABRAHAM, THOMAS GHATTAS
STREET ADDRESS 1505 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ DELETE

NAME D'ABBIERI, PHILIP
STREET ADDRESS 6800 S.W. 57 AVE #120
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME MALOUF, THOMAS
STREET ADDRESS 1700 E HILLSBORO
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME ROSENFELD, STELLA A.
STREET ADDRESS 6800 S.W. 57 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

PRESIDENT

☐ Change ☒ Addition

1.2 NAME

THOMAS W HAWKINS

1.3 STREET ADDRESS

537 COCONUT ISLE DRIVE

1.4 CITY-ST-ZIP

FT. LAUDERDALE

2.1 TITLE

TREASURER

☐ Change ☒ Addition

2.2 NAME

HYLE KATHLEEN

2.3 STREET ADDRESS

537 COCONUT ISLE DRIVE

2.4 CITY-ST-ZIP

FT. LAUDERDALE

3.1 TITLE

GENERAL MANAGER

☐ Change ☒ Addition

3.2 NAME

FERNANDO C SENRA

3.3 STREET ADDRESS

4181 S.W. 8th ST

3.4 CITY-ST-ZIP

MIAMI FL 33134

4.1 TITLE

CONTROLLER

☐ Change ☒ Addition

4.2 NAME

MARIA RIOS

4.3 STREET ADDRESS

4181 S.W. 8th ST

4.4 CITY-ST-ZIP

MIAMI FL 33134

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 in an amendment with an address.

SIGNATURE

5/21/98

CR2E034 (10/97)