


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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S16686** (5)

1. Corporation Name
ALLIED INSURANCE BROKERS, INC.

Principal Place of Business
**8360 WEST FLAGLER ST
MIAMI FL 33144**

Mailing Address
**8360 WEST FLAGLER ST
MIAMI FL 33144**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0232420	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CASO, LUIS S. 8360 W. FLAGLER ST. #102 MIAMI FL 33144		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		(NOTE: Registered Agent signature required when reinstalling)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	DELET	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
DP	CASO, LUIS S.	<input type="checkbox"/>	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8360 W. FLAGLER ST #104		1.2		
CITY-ST-ZIP	MIAMI FL		1.3		
TITLE	DS	<input type="checkbox"/>	1.4		
NAME	VILOMAR, VIRILIO		2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8360 W. FLAGLER ST #104		2.2		
CITY-ST-ZIP	MIAMI FL		2.3		
TITLE		<input type="checkbox"/>	2.4		
NAME			3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			3.2		
CITY-ST-ZIP			3.3		
TITLE		<input type="checkbox"/>	3.4		
NAME			4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2		
CITY-ST-ZIP			4.3		
TITLE		<input type="checkbox"/>	4.4		
NAME			5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2		
CITY-ST-ZIP			5.3		
TITLE		<input type="checkbox"/>	5.4		
NAME			6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2		
CITY-ST-ZIP			6.3		

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:  (305) 651-2167

CR2E034 (10/97)