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

APPROVED
AND
FILED

95 JUL -6 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S33601** **(3)**

1. Corporation Name
INSURANCE ONE CONSULTANTS, INC.

Principal Place of Business
9380 SUNSET DR
SUITE B160
MIAMI FL 33173

Mailing Address
9380 SUNSET DR
SUITE B160
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1991
3a. Date of Last Report: 06/27/1994

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

4. FEI Number: 65-0267068
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 elected to be exempted from section 607.1601 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GONZALEZ, DANIEL R.
5415 SW 153RD AVE RD
MIAMI FL 33185

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — **FL** — 05 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: (Name and Title of current and/or proposed agent and the Date) — DATE (Registered Agent signature must also verify) — DATE

12. OFFICERS AND DIRECTORS

01 TITLE	D
02 NAME	GONZALEZ, DANIEL R.
03 STREET ADDRESS	5415 SW 153RD AVE RD
04 CITY, ST, ZIP	MIAMI FL
05 TITLE	
06 NAME	
07 STREET ADDRESS	
08 CITY, ST, ZIP	
09 TITLE	
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (C, A)

01 TITLE	☐ Change ☐ Addition
02 NAME	
03 STREET ADDRESS	
04 CITY, ST, ZIP	
05 TITLE	☐ Change ☐ Addition
06 NAME	
07 STREET ADDRESS	
08 CITY, ST, ZIP	
09 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and complete and that my signature shall be the same as my office held in the corporation on file with the Department of State, or the holder of the corporation or the holder of further requirement 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 is the officer filed with an address.

SIGNATURE: 6/30/95 (305) 270 9111
SIGNATURE AND TYPED OR PRINTED TITLE OF MGMNG OFFICER OR DIRECTOR — Area Code

0100478 CP