

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S49115** (6)

1. Corporation Name

J & Z INSURANCE AGENCY, INC.

Principal Place of Business

**1690 NW 27 AVE
MIAMI FL 33125
US**

Mailing Address

**350 N.E. 90 STREET
EL PORTAL FL 33138
US**



3. Date Incorporated or Qualified
04/29/1991

3a. Date of Last Report
04/28/1995

4. FEI Number
65-0272772

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

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. Country

9. Name and Address of Current Registered Agent

**JEREZ, JORGE A.
350 NE 90TH STREET
EL PORTAL FL 33138**

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 of Registered Agent (if not the same as above)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

**P
JEREZ, JORGE A
412 NE 39 ST
MIAMI FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. NAME

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

2. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

3. NAME

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