**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:31

DOCUMENT # **S76333** **(1)**

1. Corporation Name

**OSCAR DEL MAZO INSURANCE AGENCY CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1602 SW 8 ST.<br>MIAMI FL 33135 | 1602 SW 8 ST.<br>MIAMI FL 33135 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1991
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0280867 ☐ 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

DEL MAZO, OSCAR, SR.
1602 SW 8 ST.
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: OSCAR DEL MAZO JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1602 SW 8 ST
83:
84 City: MIAMI FL. — 85 Zip Code: 33135

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: OSCAR DEL MAZO JR. DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | D. PRESIDENT | ☐ Change ☐ Addition |
| NAME | DEL MAZO, OSCAR, SR. | 1.2 NAME | OSCAR DEL MAZO JR. | |
| STREET ADDRESS | 1602 SW 8 ST. | 1.3 STREET ADDRESS | 1602 S.W. 8 ST | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI FLA. 33135 | |
| TITLE | D | 2.1 TITLE | D. SECRETARY/TREASR. | ☐ Change ☐ Addition |
| NAME | DEL MAZO, OSCAR, JR. | 2.2 NAME | AIDA DEL MAZO | |
| STREET ADDRESS | 1602 SW 8 ST. | 2.3 STREET ADDRESS | 1602 S.W. 8 ST | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI FLA 33135 | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEL MAZO, AIDA | 3.2 NAME | | |
| STREET ADDRESS | 1602 SW 8 ST. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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)(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:** OSCAR DEL MAZO JR. 3/31/95 305 642 2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0143110 CP