FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:38

DOCUMENT # V08202 (6)

1. Corporate Name
SOUTH MIAMI INSURANCE AGENCY, INC.

Principal Office Address
C/P BERKELL & BERKELL ET AL PA
16100 NE 16TH AVE
NORTH MIAMI BEACH FL 33162

Mailing Address
C/P BERKELL & BERKELL ET AL PA
16100 NE 16TH AVE
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
Suite Apt. #
22
City, State
23
24 25

2a. Mailing Address
26
Suite Apt. #
27
City, State
28
29 30

4. FEI Number: NOT APPLICABLE
Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
SEE SEPERATE CHECK ENCLOSED

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. Does corporation qualify for exemption under S 119.07(3) Florida Statute? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BERKEL, GERALD S ESQ
16100 NE 16TH AVE
NORH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name
82 Street Address P.O. Box Number is Not Acceptable
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
Title	PD	Title	PD ☒ Change ☐ Add
Name	GILLOTT, SAMUEL J.	Name	GILLOTT, SAMUEL J.
Street Address	16100 NE 16TH AVENUE	Street Address	8435 S. W. 48th Street
City, State	NORTH MIAMI BEACH FL	City, State	Miami, Florida 33155
Title		Title	☐ Change ☐ Add
Name		Name	
Street Address		Street Address	
City, State		City, State	
Title		Title	☐ Change ☐ Add
Name		Name	
Street Address		Street Address	
City, State		City, State	
Title		Title	☐ Change ☐ Add
Name		Name	
Street Address		Street Address	
City, State		City, State	
Title		Title	☐ Change ☐ Add
Name		Name	
Street Address		Street Address	
City, State		City, State	
Title		Title	☐ Change ☐ Add
Name		Name	
Street Address		Street Address	
City, State		City, State	

14. I hereby certify that the information supplied with this report is substantially identical to that required to be reported in accordance with Section 607.0505, Florida Statutes. I further certify that this report is accurate and complete in all material respects. I understand that any false statement in this report is subject to the penalties imposed by Section 817.155, Florida Statutes. I further certify that I am a duly authorized officer or director of the corporation or the agent of the corporation upon whom this report is being filed. Signature on Line 14 or Line 15 is required. Signature must be in black or blue ink. Facsimile signatures will not be accepted.

SIGNATURE: Samuel J. Gillott P/D
SAMUEL J. GILLOTT PRESIDENT/DIRECTOR 4/8/95 305-559-9507.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0176000 CP