

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY 25 PM 12:10

**DOCUMENT # V12573 (4)**

1. Corporation Name

**TOTAL INSURANCE SERVICES OF MIAMI, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5600 S.W. 135 AVE. SUITE 207 MIAMI FL 33183	5600 S.W. 135 AVE. SUITE 207 MIAMI FL 33183

3. Date Incorporated or Qualified <b>02/06/1992</b>	3a. Date of Last Report <b>03/18/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0311114</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21 <b>330 W. 9th ST</b>	26 <b>330 W 9th ST</b>			
Suite, Apt. #, etc. 22 <b>Suite 7</b>	Suite, Apt. #, etc. 27 <b>Suite 7</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>Hialeah, Fla</b>	City & State 28 <b>Hialeah, Fla.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33010</b>	Country 25 <b>Dade</b>	29 <b>33010</b>	Country 30 <b>Dade</b>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>TORRECILLA, JULIO E. 5600 SW 135TH AVE, STE 207 MIAMI FL 33183</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed 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 <b>P</b>	<b>TORRECILLA, JULIO</b>	11 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRECILLA, JULIO</b>	12 NAME <b>JULIO E. TORRECILLA</b>	
STREET ADDRESS	<b>5600 SW 135TH AVE, #207</b>	13 STREET ADDRESS <b>330 W 9th ST, Suite 7</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	14 CITY, ST, ZIP <b>Hialeah, Fla. 33010</b>	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 110.07(3)(k), 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 an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **5/19/95**  
Signature typed or printed name of signing officer or director. (NOTE: Signature of Secretary of State required when reinstating)