SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Maling Address 30 W \$ 815 \$300 W \$ 915 \$300 W \$	Principal Place of Business Mailing Address SURE 7	DOCUI 1. Corporation TOTAL	MENT # V1257; INSURANCE SERVICES OF	3 (4) MIAMI, INC.							
2. Principal Piace of Business 2a. Missing Address 3c. Missing Address 4. FEI Number Applied For Status	2. Principal Piace of Business 2a. Mailing Address 4. FEI Number 55-031114	330 W. 9TH S SUITE 7 HIALEAH FL 3		330 W 9 ST SUITE 7 HIALEAH FL 33010				do not write			1 OCDII 1031
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330 W 9TH ST STE 7 HIALEAH FL 33183 82 Stroet Address (P.O. Box Number is Not Acceptable) 83 Representation to the provisions of Sections 607 05002 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, Upred or prietal frame of registered agent and file if applicable ITILE P OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. MAKE SIRET ADDRESS STREET AD	33 W 9TH ST STE 7 HIALEAH FL 33183 82 Siroet Address (P.O. Box Number is Not Acceptable) 83 Siroet Address (P.O. Box Number is Not Acceptable) 84 City 85 City 86 City 86 City 86 City 87 City 88 City 8	[44]			1301						
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### City #### City ##### City ####################################	SIGNATURE	HIA	LEAM FL 33183		Ri	<u> </u>					
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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, I pred or pretend name of registered agent and the if applicable (NOTE Registered Agent signature required when reholatery) DATE	11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE. Uper to protest from or registered agent and file if applicable. (NOTE Registered Agent Statutes) ITILE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12 In TITILE TITLE TORRECTILA, JULIO 33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 12 IN MAKE 12. NAME TORRECTILA, JULIO 33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 12 IN MAKE 13. SIRRET ADDRESS HALEAH FL. 14. OFFICERS AND DIRECTORS N. 12 IN TITLE 14. OFFICERS AND DIRECTORS N. 12 IN TITLE 15. OFFICERS AND DIRECTORS N. 12 IN TITLE 16. OFFICERS AND DIRECTORS N. 12 IN TITLE 17. OFFICERS AND DIRECTORS N. 12 IN TITLE 18. OFFICERS AND DI										
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. 1	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. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE				84	1 City			FL	85 Zip (Dode
Signature. Special or present agree and late it applications (NOTE: Registered Agent signature repulsed whon reinclatery) DATE	12.	office or r agent. I a	egistered agent, or both, in the State	of Florida. Such change was	authorized t	by the cor	d corpora rporation	ation submits this statement for the p i's board of directors. I hereby accep	urpose of at the appo	changing it pintment as	s registered registered
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CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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 suppreprintal 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 occiver 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 expan attachment with an address.

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FILED

Jul 23 1997 8:00am

Secretary of State