

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V16072 (3)
 1. Corporation Name
MONEY SAVERS INSURANCE, INC.

Principal Place of Business 7280 SW 8 ST MIAMI FL 33144	Mailing Address 7280 SW 8 ST MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1992	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
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29		30		4. FEI Number 65-0312666	
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9. Name and Address of Current Registered Agent
TOYOS, DILMA E.
7278 SW 8TH ST
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name	ALICIA MJNOZ
82 Street Address (P.O. Box Number is Not Acceptable)	10300 SW 163 Place
83	
84 City	Miami
85 Zip Code	FL 33196

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, 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]* DATE: **3/10/98**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHIRLEY ALMAZAN	
STREET ADDRESS	5853 SW 150 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	MUNOZ, ALICIA	
STREET ADDRESS	10118 SW 143 COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 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 the attachment with my address.

SIGNATURE: *[Signature]* President DATE: **3/10/98**

CR2E034 (10/97)