

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V18068** (9)

1. Corporation Name

STATEWIDE ADJUSTERS, INC.

Principal Place of Business

Mailing Address

~~735 NW 22 AVE~~
~~MIAMI FL 33125~~

~~735 NW 22 AVE~~
~~MIAMI FL 33125~~



2. Principal Place of Business

2a. Mailing Address

21 **2900 N.W. 109 Ave.**

26 **2900 N.W. 109 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33172**

25 **U.S.A**

29 **33172**

30 **U.S.A**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/02/1992

3a. Date of Last Report
04/21/1995

4. FEI Number

65-0317746

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

10. Name and Address of New Registered Agent

81 Name **Avrach, Stephen J**

82 Street Address (P.O. Box Number is Not Acceptable)
2900 NW 109 Avenue

83

84 City
Miami

FL

85 Zip Code
33172

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

S.J. AVRACH 4/9/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD VIVES, MARIO**
STREET ADDRESS **121 NW 120 AVE**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD GREEN, THOMAS**
STREET ADDRESS **735 NW 22 AVE**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD Vives, Mario**
1.3 STREET ADDRESS **16766 S.W. 90 Street**
1.4 CITY- ST- ZIP **Miami, FL 33196**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SD Green, Thomas**
2.3 STREET ADDRESS **2900 NW 109 Av.**
2.4 CITY- ST- ZIP **Miami, FL 33172**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario Vives

305-640-2440

Date Daytime Phone #

CR2E034 (12/95)