

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 # **V33093 (8)**

1. Corporation Name
A & D INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
~~700 N.W. LEJEUNE ROAD~~ ~~700 N.W. LEJEUNE ROAD~~
~~SUITE 400~~ ~~SUITE 400~~
~~MIAMI FL 33155~~ ~~MIAMI FL 33155~~

2. Principal Place of Business 2a. Mailing Address
 21 10150 West Flagler St 26 782 NW LeJeune Road
 State Apt #, etc State Apt #, etc
 22 % % % % % % % % 27 Suite 548
 City & State City & State
 23 Miami Florida 28 Miami Florida
 Zip Country Zip Country
 24 33174 25 USA 29 33126 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
05/01/1992 **02/14/1995**
 4. FEI Number Applied For
65-0331007 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. 199.03?, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MARQUEZ, JOSE M. 81 Name **Jose M. Marquez, Esq.**
~~700 N.W. LEJEUNE ROAD~~ 82 Street Address (P.O. Box Number is Not Acceptable)
~~SUITE 400~~ 83 **782 NW LeJeune Road, Suite 548**
~~MIAMI FL 33155~~ 84 City **Miami** 85 FL 86 Zip Code **33126**

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: *Jose M. Marquez* January 15, 1996
Signature of Registered Agent, required after re-filing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ALMA R.	1.2 NAME	FERNANDEZ, Alma R.
STREET ADDRESS	12000 S.W. 60RD TERR., #007	1.3 STREET ADDRESS	10150 W. Flagler Street
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	Miami, Fl. 33174
2. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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, checked, or in an attachment with an address.

SIGNATURE: *Alma R. Fernandez* President 1/15/96 (305) 221-0900
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)