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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V33093 (8)**
1. Corporation Name
A & D INSURANCE - TRAVEL & IMMIGRATION SERVICES, INC.



Principal Place of Business: **10460 WEST FLAGLER ST SUITE 400 MIAMI FL 33174 US**
Mailing Address: **782 NW LEJEUNE ROAD SUITE 548 MIAMI FL 33120-5548 US**

3. Date Incorporated or Qualified: **05/01/1992** 3a. Date of Last Report: **02/20/1996**
4. FEI Number: **65-0331007** 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

2. Principal Place of Business
21 **11398 W. Flagler St.** 2a. Mailing Address
11398 W. Flagler St.
Suite, Apt. #, etc. **203** Suite, Apt. #, etc. **203**
City & State **Miami, Florida** City & State **Miami, Florida**
Zip **33174** Country **U.S.** Zip **33174** Country **US**

9. Name and Address of Current Registered Agent: **MARQUEZ, JOSE M 782 NW LEJEUNE ROAD, SUITE 548 MIAMI FL 33120**
10. Name and Address of New Registered Agent
81 Name: **Alma R. Fernandez**
82 Street Address (P.O. Box Number, Not Applicable): **11398 W. Flagler St. Suite #203**
83
84 City: **Miami** FL 85 Zip Code: **33174**

11. Pursuant to the provisions of Sections 607.05(12) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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]* **Alma Fernandez** DATE: **3-20-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: FERNANDEZ, ALMA R.		1.2 NAME:	
STREET ADDRESS: 10150 W FLAGLER STREET # 400		1.3 STREET ADDRESS: 11398 W. Flagler St. Suite #203	
CITY- ST- ZIP: MIAMI FL		1.4 CITY- ST- ZIP: Miami, FL 33174	
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- ST- ZIP:		2.4 CITY- ST- ZIP:	
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- ST- ZIP:		3.4 CITY- ST- ZIP:	
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- ST- ZIP:		4.4 CITY- ST- ZIP:	
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- ST- ZIP:		5.4 CITY- ST- ZIP:	
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- ST- ZIP:		6.4 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 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, changed, or in an attachment with an address.
SIGNATURE: *[Signature]* **Alma Fernandez** Date: **3/20/97 (305)** Daytime Phone #: **221-0900**

CR2E034 (9/96)