

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V51608 (0)
1. Corporation Name
CONSOLIDATED INSURANCE ADJUSTERS, INC.



Principal Place of Business

Mailing Address

15505 BULL RUN RD.
SUITE 249
MIAMI LAKES FL 33014

15505 BULL RUN RD.
SUITE 249
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1992

4. FEI Number

65-0348393

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 6187 N.W. 167 ST

Suite, Apt. #, etc.

22 H-5

City & State

23 Hialeah FL 33015

Zip

24 33015

Country

25 Dade

2a. Mailing Address

26 6187 N.W. 167 ST

Suite, Apt. #, etc.

27 SUITE H-5

City & State

28 Hialeah, FL

Zip

29 33015

Country

30 Dade

9. Name and Address of Current Registered Agent

DEL CASTILLO, ORLANDO

15505 BULL RUN RD.

SUITE 249

MIAMI LAKES FL 33014

SEE CHANGED ADDRESS

10. Name and Address of New Registered Agent

81 Name

DEL CASTILLO, ORLANDO

82 Street Address (P.O. Box Number is Not Acceptable)

6187 N.W. 167 ST

83 SUITE H-5

84 City

Hialeah,

FL

85 Zip Code

33015

11. Pursuant to the provisions of Sections 607.06(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature, typed in block letters of registered agent and file, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-98

12. OFFICERS AND DIRECTORS

TITLE D
NAME DEL CASTILLO, ORLANDO
STREET ADDRESS 15505 BULL RUN RD., #249
CITY-ST-ZIP MIAMI LAKES FL
ADDRESS CHANGE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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 correct, 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 an officer or director 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 an attachment with an address.

SIGNATURE

[Signature]

4-20-98 (205) 210 21082

CR2E034 (10/97)