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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 # V71841 (3)

1. Corporation Name
INSURANCE FOR LESS INC.



Principal Place of Business
14507 S.W. 42ND STREET
MIAMI FL 33175
US

Mailing Address
14507 S.W. 42ND STREET
MIAMI FL 33175-7801
US

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
05/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0361558	Applied For Not Applicable
21	26	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
22	27	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
City & State	City & State		
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

LOREDO, CATALINA
14208 S.W. 47 STREET
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LOREDO, CATALINA	1.2 NAME	
STREET ADDRESS	14208 S.W. 47 STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LOREDO, ALBERTO	2.2 NAME	
STREET ADDRESS	14208 S.W. 47 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33175	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

Catalina Loreda Catalina LOREDO 4-297 305 JTS-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)