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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90278 008 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V74010**

1. Corporation Name

**AIB LIFE & HEALTH UNDERWRITERS, INC.**

Principal Place of Business

**2500 NW 79 AVE  
MIAMI FL 33122  
US**

Mailing Address

**2500 NW 79 AVE  
MIAMI FL 33134  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/22/1992**

4. FEI Number

**65-0368521**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CONE, PERRY I  
2500 NW 79TH AVE.  
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, SERGIO</b>	
STREET ADDRESS	<b>2500 NW 79TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>ALVAREZ, JOSE M</b>	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>SOTO, JOHN M</b>	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>TORGAS, ED S</b>	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>CONE, PERRY I</b>	
STREET ADDRESS	<b>2500 NW 79TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VP</b>
6.3 STREET ADDRESS	<b>GONZALEZ, JULIO</b>
6.4 CITY-ST-ZIP	<b>2500 NW. 79th Avenue</b>
	<b>Miami, FL. 33122</b>

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SERGIO FERNANDEZ, Director 4/5/99 (305) 715-0000, Ext. 3379**

Date

Daytime Phone #