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

CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 18 1998 8:00am

Secretary of State

07, Florida Statutes; and that my name appears in

1998

POCUMENT # 585267 (8)

AMERICAN BANKERS INSURANCE GROUP, INC. Principal Place of Business Mailing Address C/O LEN GARCIA C/O ARTHUR E HEGGER 11222 QUAIL ROOST DR. MIAMI FL 33157 11222 OUAIL ROOST DR. DO NOT WRITE IN THIS SPACE MIAMI FL 33157 Uŝ 3. Date Incorporated or Qualified 07/24/1978 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 26 59-1985922 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 1222 aug 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 2U^{Country}S Country 8. This corporation owes or has paid the current year Intangible □ No 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARCIA, LEONARDO 11222 QUAIL ROOST DRIVE **MIAMI FL 33157** 83 11. Pursuant to the provisi is of Sections 607 0502 and 607 7 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Seption 607.0505, Florida Statutes. office or registered ag agent. I am familiar w 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND 13. DELETE TITLE 1 1 100 F Change Addition BECKER, EUGENE E. NAME 12 NAME 11222 QUAIL ROOST DR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE ĊΟ DELETE 2.1 TITLE Channe Addition NAME Landon, R Kirk 2.2 NAME 11222 QUAIL ROOST DR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 2. 4 CITY - S1 - ZIP **PCEO** DELETE TITLE 3.1 TITLE Addition Change **G**ASTON, GERALD N NAME 3.2 NAME 11222 QUAIL ROOST DR. STREET ADDRESS 3.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition HEGGEN, ARTHUR W. NAME 4. 2 NAME 11222 QUAIL ROOST DR. STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE **X** Change Addition Enb Denison, Floyd 11222 and Roost Dr. Michini FL 33151 DENISON, FLOYD NAME 5.2 NAME 11222 QUAIL ROOST DR. STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME GARCIA, LEONARDO 6.2 NAME STREET ADDRESS 11222 QUAIL ROOST DRIVE 6.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP

14. Thereby 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