

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **850410** (2)

1. Corporation Name
FAIC SECURITIES, INC.



Principal Place of Business
**2600 SW THIRD AVENUE
6TH FLOOR
MIAMI FL 33129
US**

Mailing Address
**2600 SW THIRD AVENUE
6TH FLOOR
MIAMI FL 33129
US**

3. Date Incorporated or Qualified **09/18/1981** 3a. Date of Last Report **03/01/1995**

2. Principal Place of Business
21 **316 Royal Poinciana Plaza** 2a. Mailing Address
26 **316 Royal Poinciana Plaza**

4. FEI Number **54-1145586** Applied For
Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Palm Beach, FL 28 **Palm Beach, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33480** 25 Country **USA** 29 Zip **33480** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, OLGA D
2600 SW THIRD AVENUE
6TH FLOOR
MIAMI FL 33129**

81 Name **Dennis J. Kanai**
82 Street Address (P.O. Box Number is Not Acceptable)
316 Royal Poinciana Plaza
83
84 City **Palm Beach** 85 Zip Code **FL 33480**

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

Dennis J. Kanai

3/8/96

(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	S	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, OLGA	
STREET ADDRESS	2600 SW THIRD AVE., 6TH FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FANJUL, JOSE F	
STREET ADDRESS	2600 SW THIRD AVE., 6TH FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, KENNETH J.	
STREET ADDRESS	2600 SW 3RD AVE 6TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FANJUL, ALFONSO JR	
STREET ADDRESS	2600 SW THIRD AVE., 6TH FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	KANAI, DENNIS J	
STREET ADDRESS	2600 SW THIRD AVE., 6TH FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRANADOS, FELIX E.	
STREET ADDRESS	2800 SW 3RD AVE 6TH FL	
CITY-ST-ZIP	MIAMI FL	

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	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	316 Royal Poinciana Plaza	
5.4 CITY-ST-ZIP	Palm Beach, FL 33480	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/96

407-655-6303

CR2E034 (12/95)