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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **850410**
 1. Corporation Name
FAIC SECURITIES, INC.



Principal Place of Business
316 ROYAL POINCIANA PLAZA
6TH FLOOR
PALM BEACH FL 33480
US

Mailing Address
316 ROYAL POINCIANA PLAZA
6TH FLOOR
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **340 Royal Poinciana Way**
 Suite, Apt. #, etc.
 22 **Suite 316**
 City & State
 23 **Palm Beach, FL**
 Zip
 24 **33480** 25 **USA**

2a. Mailing Address
340 Royal Poinciana Way
 Suite, Apt. #, etc.
 27 **Suite 316**
 City & State
 28 **Palm Beach, FL**
 Zip
 29 **33480** 30 **USA**

3. Date Incorporated or Qualified
09/18/1981

4. FEI Number
54-1145586

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

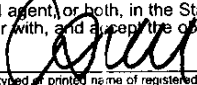
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
KANAI, DENNIS J
316 ROYAL POINCIANA PLAZA
PALM BCH FL 33480

10. Name and Address of New Registered Agent
 81 Name **Tabernilla, Armando A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **340 Royal Poinciana Way**
Suite 316
 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:  **3/23/99**
 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	DPST	1.1 TITLE	D/P
NAME	KANAI, DENNIS J	1.2 NAME	Hernández, Oscar R.
STREET ADDRESS	316 ROYAL POINCIANA PLAZA	1.3 STREET ADDRESS	340 Royal Poinciana Way, Suite 316
CITY-ST-ZIP	PALM BCH FL 33480	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D/VP/T/AS
STREET ADDRESS		2.3 STREET ADDRESS	Blomqvist, Erik J.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	340 Royal Poinciana Way, Suite 316
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	S
STREET ADDRESS		3.3 STREET ADDRESS	Tabernilla, Armando A.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	340 Royal Poinciana Way, Suite 316
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  **Secretary** **3/23/99** **561-655-6303**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)