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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F15125** **(0)**

1. Corporation Name
DIVERSIFIED UNDERWRITERS SERVICES, INC.

Principal Place of Business	Mailing Address
8240 NW 52ND TERR. #400 MIAMI FL 33166	8240 NW 52ND TERR. #400 MIAMI FL 33166-7765

3. Date Incorporated or Qualified: 01/15/1981
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business
21: 1981 NW 88 CT
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33172-2637
25: Country: USA

2a. Mailing Address
26: 1981 NW 88 CT.
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33172-2637
30: Country: USA

4. FEI Number: 59-2058456 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPITZER, VAN
8140 NW 52ND TERR
#400
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable): 1981 NW 88 CT.
83
84 City: MIAMI FL 85 Zip Code: 33172

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	VD	☐ DELETE	1.1 TITLE	VDT	☒ Change ☐ Addition
NAME	MESTRE, LIANA		1.2 NAME		
STREET ADDRESS	8240 NW 52ND TERR, #400		1.3 STREET ADDRESS	1981 NW 88 CT.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	PSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SPITZER, JAN H.		2.2 NAME		
STREET ADDRESS	8240 NW 52ND TERR, #400		2.3 STREET ADDRESS	1981 NW 88 CT.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KROLL, JOHN		3.2 NAME		
STREET ADDRESS	8240 NW 52ND TERR, #400		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: SIGNATURE REQUIRED 1-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #