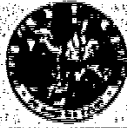


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 6/30: \$225 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **G45647** (6)

1. Corporation Name  
**CHESSE INSURANCE UNDERWRITERS, INC.**

Principal Place of Business Mailing Address  
 1629 W. FLAGLER ST. 1629 W. FLAGLER ST.  
 UPSTAIRS UPSTAIRS  
 MIAMI FL 33135 MIAMI FL 33135  
 US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 **5067 NW 5 ST** 26 **5067 NW 5 ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22  
 23 City & State City & State  
**MIAMI FL MIAMI FL**  
 24 Zip Country 29 Zip Country  
**33126 DADE 33126 DADE**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**06/15/1983 08/01/1994**  
 4. FEI Number Applied For  
**59-2325962 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  
**MAZZORANA, HUMBERTO L.**  
**891 W. 51ST PLACE**  
**HALEAH FL 33012**

10. Name and Address of New Registered Agent  
 81 Name **BALAEZ, ALINA**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5067 NW 5 ST**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33126**

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 **BALAEZ, ALINA** *Alina Balaez* 6/12/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>
NAME	<b>BALAEZ, IRIS C.</b>
STREET ADDRESS	<b>5067 NW 5 ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PTD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BALAEZ, ALINA</b>	
2.3 STREET ADDRESS	<b>5067 NW 5 ST</b>	
2.4 CITY - ST - ZIP	<b>MIAMI - FL 33126</b>	
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 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 110.07(3)(b), 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: *Alina Balaez* 6-12-95  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (3/95)