


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

**APPROVED  
AND  
FILED**

1995 MAY 18 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 DEPARTMENT OF STATE  
 OFFICE OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

DOCUMENT # **M25640** (7)  
 1. Corporation Name  
**FIRST ALLIANCE INSURANCE COMPANY**

Principal Office Address: **150 W FLAGLER ST., STE. 2000 MIAMI FL 33130**  
 Mailing Address: **150 W FLAGLER ST., STE. 2000 MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE


2. Principal Office Telephone	26. Mailing Address	3. Date of Incorporation	3a. Date of Last Report
21	26	01/09/1986	05/01/1994
22. State App # of	27. State App # of	4. FEI Number	Applied For / Not Applicable
22	27	59-2626817	
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. City	25. County	29. City	30. County
24	25	29	30
6. Election Campaign Financing / Fund Type Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>			
7. This corporation has liability for redemptive tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>INSURANCE COMMISSIONER                  THE CAPITOL                  TALLAHASSEE FL 32399</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(6) 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. Each 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 the new registered office Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS
NAME: <b>D CHENAULT, MILES</b> STREET ADDRESS: <b>1511 TANGIER ST. CORAL GABLES FL</b> CITY: <b>D GUERRA, ERNESTO</b> STREET ADDRESS: <b>3665 TOLEDO CORAL GABLES FL</b> CITY: <b>SD TATRO, MARK</b> STREET ADDRESS: <b>264 DEARING ST ATHENS GA</b> CITY: <b>D GONZALEZ, CARLOS E.</b> STREET ADDRESS: <b>12021 S.W. 97 TERR. MIAMI FL</b> CITY: <b>CTP SUAREZ, JESUS</b> STREET ADDRESS: <b>150 W. FLAGLER ST. #2000 MIAMI FL</b> CITY: <b>Secretary Oscar Cardona</b> STREET ADDRESS: <b>150 W FLAGLER ST #2000 MIAMI, FL 33130</b>	1. NAME 2. STREET ADDRESS 3. CITY 4. NAME 5. STREET ADDRESS 6. CITY 7. NAME 8. STREET ADDRESS 9. CITY 10. NAME 11. STREET ADDRESS 12. CITY 13. NAME 14. STREET ADDRESS 15. CITY 16. NAME 17. STREET ADDRESS 18. CITY 19. NAME 20. STREET ADDRESS 21. CITY
	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2), Florida Statutes. I further certify that the information is included on the annual report or supplemental annual report as law and in compliance with that my signature shall have the same legal effect as if made under oath. I am not an officer or director of the corporation for the purpose of Florida corporation law and I am not the registered agent of the corporation. I understand that my name appears on this report and that I am changing my name and address.

**SIGNATURE:**   
 SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR