

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M34063** (1)

1. Corporation Name  
**BEST MERIDIAN INSURANCE COMPANY**



Principal Place of Business: **2600 DOUGLAS RD. SUITE 302 CORAL GABLES FL 33134**  
Mailing Address: **2600 DOUGLAS RD. SUITE 302 CORAL GABLES FL 33134**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City, & State 23 Zip Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Created: **06/23/1986**  
3a. Date of Last Report: **03/14/1995**  
4. FEI Number: **59-2764247**  
5. Certificate of Status Desired:  Applied for  Not Applicable  
6. Election Campaign Financing:  **\$8.75 Additional Fee Required**  
7. 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  
10. Name and Address of New Registered Agent

**DUNCAN, ROSARIO P., ESQ.  
2525 S.W. 27TH AVENUE  
STE. 100  
MIAMI FL 33133**

81 Name  
82 Street Address (P.O. Box Number if Not Applicable)  
83  
84 City, State, Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 and 607.1502, 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 607.060, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11	DC	<input type="checkbox"/> DELETE
NAME	SIERRA, ANTONIO M.	
STREET ADDRESS	9451 JOURNEY'S END ROAD	
CITY-STATE-ZIP	CORAL GABLES FL	
12	DS	<input type="checkbox"/> DELETE
NAME	DUNCAN, ROSARIO P.	
STREET ADDRESS	3070 FREEMAN ST.	
CITY-STATE-ZIP	MIAMI FL	
13	DP	<input type="checkbox"/> DELETE
NAME	PELLETIERE, LEONARD J.	
STREET ADDRESS	750 BALD EAGLE DRIVE	
CITY-STATE-ZIP	NAPLES FL	
14	D	<input type="checkbox"/> DELETE
NAME	VILLALOBOS, JOSE A.	
STREET ADDRESS	1645 SW 85TH AVE	
CITY-STATE-ZIP	MIAMI FL	
15	D	<input type="checkbox"/> DELETE
NAME	FAFIAN, JOSEPH JR.	
STREET ADDRESS	60 BAY STREET	
CITY-STATE-ZIP	STATEN ISLAND NY	
16	D	<input type="checkbox"/> DELETE
NAME	GARCIA-VELEZ, CARLOS	
STREET ADDRESS	9325 SW 98TH ST.	
CITY-STATE-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17	17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	18 STREET ADDRESS	
19	19 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	20 NAME	
21	21 STREET ADDRESS	
22	22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	23 NAME	
24	24 STREET ADDRESS	
25	25 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26	26 NAME	
27	27 STREET ADDRESS	
28	28 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29	29 NAME	
30	30 STREET ADDRESS	
31	31 CITY-STATE-ZIP	<input type="checkbox"/> Change <input 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 119.07(3)(k), Florida Statutes. I further certify 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

3/1/96 (305) 445-1110

CR2E034 (12/95)