

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M34063 (1)
 1. Corporation Name
BEST MERIDIAN INSURANCE COMPANY



Principal Place of Business 1320 S. DIXIE HIGHWAY 6TH FLOOR CORAL GABLES FL 33146	Mailing Address 1320 S. DIXIE HIGHWAY 6TH FLOOR CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 06/23/1986	4. FEI Number 59-2764247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DUNCAN, ROSARIO P., ESQ.
 2525 S.W. 27TH AVENUE
 STE.100
 MIAMI FL 33133**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1320 S. Dixie Highway
 83 **Sixth Floor**
 84 City
Coral Gables **FL** 85 Zip Code
33146

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	SIERRA, ANTHONY		
1.3 STREET ADDRESS	1320 S. Dixie Hwy. Sixth Floor		
1.4 CITY-ST-ZIP	Coral Gables, FL 33146		
2.1 TITLE	DVCFD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	MULLINS, PAUL H.		
2.3 STREET ADDRESS	1320 S. Dixie Hwy., Sixth Floor		
2.4 CITY-ST-ZIP	Coral Gables, FL 33146		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 reports 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 AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Telephone # _____

CR2E034 (10/97)