

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

1995



DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **P93000068019 (7)**

SEP 11 AM 12:11

**PCA LIFE INSURANCE COMPANY**

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

6101 BLUE LAGOON DRIVE  
SUITE 300  
MIAMI FL 33126

6101 BLUE LAGOON DRIVE  
SUITE 300  
MIAMI FL 33126

2	2a	3	3a
21	26	09/30/1993	03/22/1994
22	27	65-0424536	Applied Fee Total Applicable
23	28	5.	\$8.75 Additional Fee Required
24	29	6.	\$5.00 May Be Added to Fees
25	30	8.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER  
STATE CAPITOL  
TALLAHASSEE FL 32399-0300

B1	B2	B3	B4	B5
				FL

11. I hereby certify that the information supplied with this filing is true and correct, and that I am qualified to be the registered agent for the purposes of the filing required under this chapter. I understand that the filing of this report is required by law, and that I am responsible for the accuracy of the information provided.

12.	13.
D KILISSANLY, PETER E 6101 BLUE LAGOON DR., SUITE 300 MIAMI FL 33126	D/C/V
D KARDATZKE, E. STANLEY 6101 BLUE LAGOON DR., SUITE 300 MIAMI FL 33126	D/V
D DONNELLY, CLIFFORD W 6101 BLUE LAGOON DR., SUITE 300 MIAMI FL 33126	O/P
D PETERSON, GREG D 6101 BLUE LAGOON DR., SUITE 300 MIAMI FL 33126	T
D JOHNSON, GLEN R 6101 BLUE LAGOON DR., SUITE 300 MIAMI FL 33126	SURJON, ESTHER 6101 BLUE LAGOON DR, SUITE 300 MIAMI, FL 33126
	S Hageman, John A. 6101 Blue Lagoon Dr, Suite 300 Miami, FL 33126

14. I hereby certify that the information supplied with this filing is true and correct, and that I am qualified to be the registered agent for the purposes of the filing required under this chapter. I understand that the filing of this report is required by law, and that I am responsible for the accuracy of the information provided.

SIGNATURE:

*Peter E. Kilissanly*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Peter E. Kilissanly

4/27/95 (305) 267-6633

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



1995

DOCUMENT # **P93000068161 (7)**

**RT PARTNERS, INC.**

1000 PONCE DE LEON BLVD  
SUITE 106  
CORAL GABLES FL 33134

1000 PONCE DE LEON BLVD  
SUITE 106  
CORAL GABLES FL 33134

2	2a	3	3a
21	26	09/27/1993	06/28/1994
22	27	4. Filing Fee <b>65-0465388</b>	Appoint Fee Not Applicable
23	28	5. Filing Fee of the Amendment	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	30	8. This company does not intend to participate in any political campaign activities. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>FUENTES, MANUEL</b> 1000 PONCE DE LEON BLVD SUITE 106 CORAL GABLES FL 33134		81	Name	
		82	Street Address (P.O. Box Number, if Not Applicable)	
		83		
		84	City, State, and Zip	
		FL	85	Zip Code

I, the undersigned, being duly qualified to act as a Florida Statutes, the above named corporation certifies this statement for the purposes of changing its registered agent and is authorized to execute this statement. I, the undersigned, being duly qualified to act as a Florida Statutes, hereby accept this appointment as registered agent for the corporation.

12. CURRENT OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
DPS <b>TRAVIESO, RUBEN</b> 1000 PONCE DE LEON BLVD SUITE 106 CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVT <b>FUENTES, MANUEL</b> 1000 PONCE DE LEON BLVD SUITE 106 CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, being duly qualified to act as a Florida Statutes, hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida and is authorized to execute this statement. I, the undersigned, being duly qualified to act as a Florida Statutes, hereby accept this appointment as registered agent for the corporation.

SIGNATURE: *Manuel Fuentes* **MANUEL FUENTES 4-21-95 (205) 85-1455**