

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000056048 (8)**

1. Corporation Name

MUTUAL STATES INSURANCE COMPANY



Principal Place of Business

Mailing Address

**991 NW 143RD STREET
MIAMI FL 33168**

**991 NW 143RD STREET
MIAMI FL 33168**

2. Principal Place of Business

2a. Mailing Address

21 **6340 MIRAMAR PKWY**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **MIRAMAR, FL**

28

Zip

Country

Zip

Country

24 **33023**

25 **DADE**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

07/15/1995

4. FEI Number

Applied For

65--0595169

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. 193.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

**HOLDER, IAN
991 NW 143RD STREET
MIAMI FL 33168**

81 Name

Yves Guerrier

82 Street Address (P.O. Box Number is Not Acceptable)

6340 Miramar Pkwy

83

84 City

Miramar

85 Zip Code

FL 33023

11. Pursuant to the provisions of Sections 607.0102 and 607.1504, 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

YVES GUERRIER, REGISTERED AGENT AND PRESIDENT

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HOLDER, IAN
STREET ADDRESS	991 NW 143RD STREET
CITY - ST - ZIP	MIAMI FL 33168
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	President/Secretary
13 STREET ADDRESS	Director
14 CITY - ST - ZIP	Yves Guerrier
15 CITY - ST - ZIP	6340 Miramar Pkwy, Miramar, FL
16 CITY - ST - ZIP	33023
17 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY - ST - ZIP	
21 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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60 CITY - ST - ZIP	
61 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), 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 (changed) or on an attachment with an address.

SIGNATURE

YVES GUERRIER, PRESIDENT

954-967-9715

CR2E034 (12/95)