

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

FAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date





ACCOUNT NO. : 072100000032

REFERENCE :

755506

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE: July 6, 2000

ORDER TIME: 4:22 PM

ORDER NO. : 755506-100

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon

American International Group,

70 Pine Street 27th Floor

New York, NY 10270

ANNUAL REPORT FILING

AIG WARRANTY SERVICES OF NAME:

FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: