

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016622

Entity Name: FINANCIAL AMERICAN INSURANCE SERVICES, INC.**Current Principal Place of Business:**12485 SW 137TH AVE.
SUITE 300
MIAMI, FL 33186**Current Mailing Address:**POST OFFICE BOX 77-0250
MIAMI, FL 33177-0250 US**FEI Number: 37-1484076****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLOR, MANUEL J
12485 SW 137TH AVE.
SUITE 300
MIAMI, FL 33186 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO, PRESIDENT, DIRECTOR
Name	MILLOR, MANUEL J
Address	12485 SW 137TH AVE. SUITE 300
City-State-Zip:	MIAMI FL 33186

Title	SECRETARY
Name	GONZALEZ, ARLENE
Address	12485 SW 137TH AVE. SUITE 300
City-State-Zip:	MIAMI FL 33186

Title	SENIOR VICE PRESIDENT, CFO AND TREASURER
Name	GINSBERG, MICHAEL D
Address	12485 SW 137TH AVE. SUITE 300
City-State-Zip:	MIAMI FL 33186

Title	CHAIRMAN
Name	BECKER, EUGENE E
Address	12485 SW 137TH AVE. SUITE 300
City-State-Zip:	MIAMI FL 33186

Title	VP
Name	JONES, CAROL R
Address	12485 SW 137TH AVE. SUITE 300
City-State-Zip:	MIAMI FL 33186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARLENE GONZALEZ**SECRETARY****03/31/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date