

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 333276 (4)

1. Corporation Name

UNDERWRITERS FINANCIAL OF FLORIDA, INC.



Principal Place of Business

8300 W FLAGLER ST #250
P O BOX 522367 G M F
MIAMI FL 33144

Mailing Address

8300 W FLAGLER ST #250
P O BOX 522367 G M F
MIAMI FL 33144

3. Date Incorporated or Qualified
08/01/1968

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-1281783

Applied For

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RICCIARDELLI, JOHN L
8300 W FLAGLER ST #250
MIAMI, FL
33144

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title (Applicable)

(Both Registered Agent Signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RICCIARDELLI, JOHN L
STREET ADDRESS 11420 N BAYSHORE DR N
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME BORGES, DENISE
STREET ADDRESS 6524 S W 24TH STREET
CITY-ST-ZIP MIRAMAR FL ☐ DELETE

TITLE D
NAME RICCIARDELLI, DEBBIE
STREET ADDRESS 11420 N BAYSHORE DR N
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME RICCIARDELLI, RIKKI
STREET ADDRESS 11420 N. BAYSHORE DR. N.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME BACCHUS, FADIL
STREET ADDRESS 13020 S.W. 256TH STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME GALIANO, THOMAS
STREET ADDRESS 8008 SW 151ST AVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 incorporator 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN L. RICCIARDELLI

(305) 226-0000
4/4/96
Daytime Phone #

CR2E034 (12/95)