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FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1968

4. FEI Number

59-1281783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ☐ Change ☐ Addition

1.1 TITLE  
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE

EXT

CR2E034 (10/97)