

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 345897

1. Corporation Name

CAPITAL ASSURANCE SERVICES, INC.

Principal Place of Business

55 ALHAMBRA PLAZA
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 149061
CORAL GABLES FL 33114-9061

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90084 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1969

4. FEI Number

59-0582259

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

MARSHALL, JOHN D
C/O CAPITAL ASSURANCE SERVICES INC
55 ALHAMBRA PLAZA
CORAL GABLES FL 33134

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

12.

OFFICERS AND DIRECTORS

TITLE CDV ☐ DELETE

NAME BERTH MAAS
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME SKOGH, JAN
STREET ADDRESS ONE EXCHANGE PLAZA, 28TH FL
CITY-ST-ZIP NEW YORK NY 10006

TITLE VT ☒ DELETE

NAME STEVEN OSWALD
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL

TITLE V ☐ DELETE

NAME MARSHALL, JOHN D.
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☐ DELETE

NAME NANCY P. GORDON
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL

TITLE DP ☒ DELETE

NAME RODRIGUEZ-SCOTT, MARIA L
STREET ADDRESS 55 ALHAMBRA PLAZA
CITY-ST-ZIP CORAL GABLES FL

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

Martha Rodriguez
55 Alhambra Plaza
Coral, Gables FL
DP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (305) 461-7301

Date

Daytime Phone #

CR2F034 (1/198)