SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE [illegible]: [illegible] (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE: [illegible])

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 25 AM 9: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 430472 (1)

1. Corporation Name
CINCINNATI ASSURANCE INTERNATIONAL COMPANY

Principal Place of Business
6090 SW 40TH STREET
P.O. BOX 531048
MIAMI FL 33155

Mailing Address
~~6090 SW 40TH STREET~~
~~P.O. BOX~~ 531048
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	7001 SW 97 Avenue
Suite, Apt. #, etc. (22)	
City & State (23)	MiAmi, Fla
Zip (24)	33173
Country (25)	
2a. Mailing Address (26)	SAME AS 2
Suite, Apt. #, etc. (27)	
City & State (28)	
Zip (29)	
Country (30)	

3. Date Incorporated or Qualified: 07/12/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1485499 ☐ 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
BYRON J. WILLIAMS
~~6090 SW 40TH ST.~~
MIAMI ~~FL 33155~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7001 SW 97 Avenue
83
84 City MiAmi FL 85 Zip Code 33173

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] 7/20/95
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	VDS
NAME	WILLIAMS, BYRON J.
STREET ADDRESS	6090 SW 40TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	CARRICARTE, MICHAEL A.
STREET ADDRESS	6090 SW 40TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	~~TD~~
NAME	~~KOLBER, CLIFFORD M.~~
STREET ADDRESS	~~6090 SW 40TH ST.~~ Delete
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	KING, MARVIN
STREET ADDRESS	6090 SW 40TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ALPAUGH, WALTER G.
STREET ADDRESS	6090 SW 40TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	ALPAUGH, WILLIAM G., JR.
STREET ADDRESS	6090 SW 40TH ST.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1	☒ Change ☐ Addition	7001 SW 97 Avenue / MiAmi Fla 33173
2	☒ Change ☐ Addition	7001 SW 97 Avenue / MiAmi Fla 33173
3	☒ Change ☐ Addition	Delete
4	☒ Change ☐ Addition	7001 SW 97 Avenue / MiAmi Fla 33173
5	☒ Change ☐ Addition	7001 SW 97 Avenue / MiAmi Fla 33173
6	☒ Change ☐ Addition	7001 SW 97 Avenue / MiAmi Fla 33173

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)(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: [signature] 7/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0050300 CP