FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 24 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 482598 (0)

1. Corporation Name
KAYSER INSURANCE, INC.

Principal Place of Business	Mailing Address
1036 SOUTHWEST FIRST STREET MIAMI FL 33130	1036 SW 1 ST MIAMI FL 33130 US

500001418045
-03/01/95--01006--024
DO NOT WRITE IN THIS SPACE ****200.00 ****200.00

2. Principal Place of Business 21 1036 S.W. 1 ST.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLA.	City & State 28
Zip / Country 24 33130 / 25 US	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/11/1975
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1667409 ☐ 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

FLORIDA ANNUAL REPORT/CANTERA ASS INC
1036 SW 1 ST
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

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: _____ AMADA C. LOPEZ. PRES.
(Signature, title or capacity of corporate officer or registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOPEZ, CARLOS C 1036 SW 1ST STREET MIAMI FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/ LOPEZ.CARLOS C 1036 S.W. 1 ST.STREET MIAMI FLA. 33130 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOPEZ, AMADA CANTERA 1036 SW 1ST STREET MIAMI FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/ LOPEZ AMADA CANTERA 1036 S.W. 1st. STREET MIAMI FLA. 33130 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAMS, VIVIAN M. 1036 SW 1ST. STREET MIAMI FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/P.WILLIAMS VIVIAN M. 1036 S.W. 1st.STREET MIAMI FLA. 33130 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FANDINO, ANGEL 1036 SW 1ST STREET MIAMI FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T/ LOPEZ-IBARGUEN MARIA DEL CARME 1036 S.W. 1st. STREET MIAMI FLORIDA, 33130 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	$87 2/24 ☐ Change ☐ Addition

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: Vivian Williams VIC/PRES. 2/23/95
(Signature and Typed or Printed Name of Individual) (Title) (Date) (Daytime Phone #)
VIVIAN WILLIAMS

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