

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

APPROVED AND FILED

55 MAY -1 PM 3:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 482598 (0)

1. Corporation Name
KAYSER INSURANCE, INC.



Principal Place of Business Mailing Address
**1036 S.W. 1 ST.
MIAMI FL 33130** **1036 S.W. 1 ST.
MIAMI FL 33130**

2. Principal Place of Business 2a. Mailing Address
21 **2300 CORAL WAY** 26 **2300 CORAL WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **MIAMI FLORIDA.** 28 **MIAMI FLORIDA.**
Zip Country Zip Country
24 **33145** 25 **US.** 29 **33145** 30 **US.**

3. Date Incorporated or Qualified **08/11/1975** 3a. Date of Last Report **02/25/1995**
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 SERVICES, 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) **2300 CORAL WAY SUITE # 200**
83 City **MIAMI** 85 Zip Code **FL 33145**

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both 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 agree with the provisions of Sections 607.0602 and 607.1504, Florida Statutes.

SIGNATURE: *[Signature]* **AMANDA CANTERA LOPEZ, PRES.** DATE: **4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	LOPEZ, CARLOS C
STREET ADDRESS	1036 S.W. 1 ST. STREET
CITY-ST-ZIP	MIAMI FL 33130
TITLE	S <input type="checkbox"/> DELETE
NAME	LOPEZ, AMANDA C
STREET ADDRESS	1036 S.W. 1ST. STREET
CITY-ST-ZIP	MIAMI FL 33130
TITLE	V <input type="checkbox"/> DELETE
NAME	WILLIAMS, VIVIAN M
STREET ADDRESS	1036 S.W. 1ST. STREET
CITY-ST-ZIP	MIAMI FL 33130
TITLE	T <input type="checkbox"/> DELETE
NAME	LOPEZ-IBARGUEN, MARIA D
STREET ADDRESS	1036 S.W. 1ST. STREET
CITY-ST-ZIP	MIAMI FL 33130
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2300 CORAL WAY SUITE # 200
14 CITY-ST-ZIP	MIAMI FL 33145
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

[Handwritten: per 5/1]

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 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 or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

CR2E034 (12/95)