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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2300 CORAL WAY
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
MIAMI FL 33145-3511

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 # 200

City & State

23 MIAMI FLORIDA

Zip

24 33145

Country

25 US

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 # 200

City & State

28 MIAMI FLORIDA

Zip

29 33145

Country

30 US

3. Date Incorporated or Qualified

08/11/1975

3a. Date of Last Report

05/01/1996

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.

2300 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

Signature of officer or director of corporation or registered agent (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P LOPEZ, CARLOS C
1036 S.W. 1 ST. STREET
MIAMI FL 33130

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S LOPEZ, AMANDA C
1036 S.W. 1ST. STREET
MIAMI FL 33130

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V WILLIAMS, VIVIAN M
1036 S.W. 1ST. STREET
MIAMI FL 33130

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T LOPEZ-IBARGUEN, MARIA D
1036 S.W. 1ST. STREET
MIAMI FL 33130

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/ LOPEZ CARLOS C.
2300 CORAL WAY, SUITE # 200
MIAMI FLORIDA. 33145

S/ LOPEZ, AMADA C.
2300 CORAL WAY, SUITE # 200
MIAMI FL. 33145

V/ WILLIAMS VIVIAN M
2300 CORAL WAY, SUITE # 200
MIAMI FLORIDA 33145

T/ LOPEZ-IBAGUEN MARIA D
2300 CORAL WAY, SUITE # 200
MIAMI FLORIDA 33145

4/23/97

14. I do 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 or in an attachment with an address.

SIGNATURE

4/23/97

CR2E034 (9/96)