

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528121 (7)
1. Corporation Name
UNION ASSURANCE FINANCE, INC.



Principal Place of Business 2500 NW 79 AVE MIAMI FL 33122 US	Mailing Address 2500 NW 79 AVE MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1977	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1721216		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent LOPEZ, JORGE A 2500 NW 79TH AVE. MIAMI FL 33122				10. Name and Address of New Registered Agent	

81 Name PERRY I. CONE
82 Street Address (P.O. Box Number is Not Acceptable) 2500 NW. 79th Ave.
83
84 City Miami
85 Zip Code 33122

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  PERRY I. CONE 4/13/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
4D	ALVAREZ, JOSE M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2500 NW 79 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
TD	TORGAS, ED S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2500 NW 79 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
VD	SOTO, JOHN M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2500 NW 79 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
S	LOPEZ, JORGE A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2500 NW 79 AVE	4.3 STREET ADDRESS	PERRY I. CONE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	2500 NW. 79th Ave.
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  JOSE M. ALVAREZ (Director) 4/13/98
(305) 715-0000
Ext. 3379

CR2E034 (10/97)