

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

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G98214 (1)
 1. Corporation Name
UNION AMERICAN INSURANCE COMPANY

Principal Place of Business 2500 NW 79 AVE CORAL GABLES FL 33122 US	Mailing Address 2500 NW 79 AVE CORAL GABLES FL 33122-1071 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/17/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2479463		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32399		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	ALVAREZ, JOSE M.	1.2 NAME	RAIMUNDO J. CASTELLANOS
STREET ADDRESS	2500 NW 79 AVE	1.3 STREET ADDRESS	2500 NW 79TH AVENUE
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	MIAMI, FL 33122
TITLE	VSD	2.1 TITLE	D
NAME	SOTO, JOHN M.	2.2 NAME	RICHARD TOLOMEO
STREET ADDRESS	2500 NW 79 AVE	2.3 STREET ADDRESS	2500 NW 79TH AVENUE
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	MIAMI, FL 33122
TITLE	TD	3.1 TITLE	
NAME	TORGAS, ED S.	3.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	
TITLE	VD	4.1 TITLE	
NAME	VALDES-FAULI, JUAN	4.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	
NAME	GONZALEZ, MARLEN	5.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	
TITLE	AS	6.1 TITLE	
NAME	LOPEZ, JORGE A	6.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	6.4 CITY- ST- ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: JORGE A. LOPEZ 4/24/97 (305) 715-0000 Ed 3379
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)