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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H09753

(5)

TRANSATLANTIC INSURANCE CORPORATION

FILED May 07 1997 8:00am Secretary of State



Fillicipalifiat	ce or positiess	Mailing Address						
782 NW LE JEUNE RD 782 NW LE JEUNI RD								
441 MIAMI FL 3312	26	441 Miami Fl. 33126-5549						
US		US		3. Date Incorporated or Qualified	3a. Da	e of Las	t Report	
1					06/20/1984		3/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1	<u> </u>	Applied For
			W 40 STREET		59-2452616			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional ,	
22		27			5. Commente of Oralds Bosined		Fee	Required
City & Sta	MIAMI, FLORIDA	City & State [28] MIAMI, FLORIDA		6. Election Campaign Financing	\$5.00 May Be			
Zip MIAMI, FLORIDA Country		Zip Country			Trust Fund Contribution	LJ Added to Fees		
	165 ₂₅ DADE	29 33165	- h	ADE	8. This corporation has liability for in			rs. 199.032,
-	9. Name and Address of Curren	##	[30]		Florida Statutes 10. Name and Address of New Rec		No	
DAI	E, JERRY M.		81	Name	10. Hame ble Address of New Hel	natered A	gont	
	O WEST FLAGLER STREET		82					·
MIAMI FL 33131				Street Add	ddress (P.O. Box Number is Not Acceptable)			
i init	MI PL 93131		83					
į			84	City		FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Stati	utes. The abov	e-named cor	rnoration submits this platement for the pu		L L	vite registered
office or	registered agent, or both, in the State	of Horida, Such change was	authorized b	the corpora	rporation submits this statement for the pa ation's board of directors. I hereby accep	the appo	intment	as registered
	am tamiliar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statute	S.				
SIGNATURE	Signature, typed or printed name of registere Lage	or and title if employable (NC	11 Begistered Am	ont s constitute to a	ured when reinstation.	OA1C		
12.	OFFICERS AND	·	I 13.	0 8 0 14 4	ADDITIONS/CHANGES TO OFFICE		DIBECTO	ORS IN 12
TITLE	P	DET LE	1.1 Till#				Chang	
NAME	MAYES, EDUARDO LARIOS		1.2 NAME					
STREET ADDRESS COLONIA PALMIRA 3RA CALLE 84TA AVE #2			1.3 STREET	ADDRESS				
CITY-ST-ZIP	TEGUCIGALPA HONDURAS CA		1.4 CITY - \$1 - ZIP					
TITLE	V	DELETE	21111116				Chang	e Addition
NAME	LARIOS, EDUARDO		2.2 NAME					
STREET ADDRESS	15000 SW 57TH STREET		2.3 S1REF	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33193		2 4 CITY-	ST-ZIP				
TITLE	\$	☐ DELETE	3.1 TITLE				Change	e 🔲 Addition
NAME	LARIOS, RICHARD		3.2 NAME					
STREET ADDRESS	COLONIA PLAMIRA 3RA CALLE		3 3 \$1REF1	ADDRESS				
CITY-ST-ZIP	TEGUCIGALPA HONDURAS CA	•	3.4. CITY -	ST - 71P				
TITLE		☐ DELETE	4.1 TOTLE				Change	Addition
NAME			4 2 NAME					
STREET ADDRESS			4.9 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 9	1 - 7IP				
TITLE	□ DEFFIE 511		5 1 1171.1				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP			540114-5	T- Z iP				
TITLE		DELFTE	61 HILE				Change	Addition
NAME	·.		€2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	1 - ZIP				

I do hereby certify that the information supplied with this filling 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 altochment with an address.

RICHARD CARLOS 04/38/97