

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 26 AM 10:38

DOCUMENT # **J64098** (3)  
1. Corporation Name  
**FIDELITY NATIONAL UNDERWRITERS CORPORATION**

Principal Place of Business Mailing Address  
**% GERARDO CHAVEZ** **% GERARDO CHAVEZ**  
**4960 S.W. 72ND AVE. STE. 404** **4960 S.W. 72ND AVE. STE. 404**  
**MIAMI FL 33155** **MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/20/1987** 3a. Date of Last Report **07/07/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **10680 S.W. 113th Place** 26 **10680 S.W. 113th Place**

4. FEI Number **59-2794167** Applied For  
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Miami, FL** 28 **Miami, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33176** 25 **USA** 29 **33176** 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAVEZ, JERRY**  
**4960 S.W. 72ND AVE.**  
**SUITE 404**  
**MIAMI FL 33155**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10680 S.W. 113th Place**  
83  
84 City **Miami,** 85 Zip Code **FL 33176**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CHAVEZ, GERARDO</b>
STREET ADDRESS	<b>4960 S.W. 72ND AVE. #404</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>GARCIA, TITO VICENTE</b>
STREET ADDRESS	<b>7511 SW 89TH AVE.</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>LA OSA, JORGE DE</b>
STREET ADDRESS	<b>4960 S.W. 72ND AVENUE, #303</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>TDS</b>
NAME	<b>DE LA OSA, CARLOS</b>
STREET ADDRESS	<b>4960 S.W. 72ND AVE., #303</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>DV</b>
NAME	<b>CHAVEZ, JERRY</b>
STREET ADDRESS	<b>4760 SW 72ND AVE., #404</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Chavez, Gerardo</b>
13 STREET ADDRESS	<b>10680 S.W. 113th Place</b>
14 CITY ST ZIP	<b>Miami, FL 33176</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>De la Osa, Jorge</b>
33 STREET ADDRESS	<b>10680 S.W. 113th Place</b>
34 CITY ST ZIP	<b>Miami, FL 33176</b>
41 TITLE	<b>TDS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>De la Osa, Carlos</b>
43 STREET ADDRESS	<b>10680 S.W. 113th Place</b>
44 CITY ST ZIP	<b>Miami, FL 33176</b>
51 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Chavez, Jerry</b>
53 STREET ADDRESS	<b>10680 S.W. 113th Place</b>
54 CITY ST ZIP	<b>Miami, FL 33176</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 110.07(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 if changed, on an attachment with an address:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/28/95** **305-273-3000**