

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 18 PH 5:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J85164 (8)

1. Corporation Name

AMERICAN SKYHAWK INSURANCE COMPANY

Principal Place of Business

Mailing Address

**560 NW 165TH STREET RD.
SUITE 300
N. MIAMI FL 33169
US**

**P. O. BOX 69370
MIAMI FL 33269-0760
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1988

3a. Date of Last Report

04/25/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0076869

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**

6. 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

**THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

81 Name

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

83

84 City

FL

85

Zip Code

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 the corporation)

(Both Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	FRAYND, PAUL
STREET ADDRESS	560 N.W. 165 ST. RD.
CITY - ST - ZIP	MIAMI FL
TITLE	DST
NAME	FRAYND, SAUL
STREET ADDRESS	560 N.W. 165 ST. RD.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	FRAYND, MARCOS
STREET ADDRESS	560 NW 165 STREET RD.
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	FRAYND, GLADYS
STREET ADDRESS	560 NW 165 ST RD
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	FRAYND, FANNY
STREET ADDRESS	560 NW 165 ST RD
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered or trustee agent authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/95

(305)945-9200