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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Apr 08 1996 8:00 am
Secretary of State

DOCUMENT # **J85164** **(8)**

1. Corporation Name
**AMERICAN SKYHAWK INSURANCE COMPANY**

Principal Place of Business
560 NW 165TH STREET RD.
SUITE 300
N. MIAMI FL 33169
US

Mailing Address
P. O. BOX 69370
MIAMI FL 33269-0760
US

3. Date Incorporated or Qualified: 11/10/1988
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

9. Name and Address of Current Registered Agent
THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
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

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 changing) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 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 119.07(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 or on an attachment with an address.

**SIGNATURE:** [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/96
Date

(305)945-9200
Daytime Phone #

CR2E034 (12/95)