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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

DOCUMENT # J85165 (5) AMSTAR INSURANCE COMPANY					
Principal Plac	e of Business	Mailing Address		T TOBICITY BYAN THE STATE WIND STATES BYING STATES AND STATES BY	Į)
3401 NW 8	2ND AVE.	3401 NW 82ND AVE.			
STE. 100		STE. 100		DO NOT WORK IN THE CRACE	
MIAMI FL S	3122	MIAMI FL 33122		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Oringinal 5	Place of Business	2a. Mailing Address		02/09/1989 4. FEI Number Applied For	
	race or Business	1			
Suite, Apt	* otc	Suite, Apt. #, etc.		65-0156603 Not Applical \$8.75 Additional	
22	* , 0t0	27		5. Certificate of Status Desired Fee Required	
City & Stat	to	City & State			
23	•	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25)	30	Personal Property Tax due June 30. Yes No	1
	9. Name and Address of Current			10, Name and Address of New Registered Agent	
INSURANCE COMMISSIONER B1 Name					
THE CAPITOL			1 2		
TALLAHASSEE FL 32301			82 Street	et Address (P.O. Box Number is Not Acceptable)	
'	ALLANASSEE FE SESSI		83		
			<u> </u>		
			84 City	FL 85 Zip Code	\Box
## Dura unat	to the provisions of Cooling 607 0102	and 807 1509. Elected Statute	s the shave seems		od
office or	registered agent, or both, in the State o	f Florida. Such change was a	uthorized by the cor	ed corporation submits this statement for the purpose of changing its registers corporation's board of directors. I hereby accept the appointment as registered	d l
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statutes.		İ
SIGNATURE	v .,		5 -l	DATE.	
12.	Signature typed or printed name of registrand agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	— f
TITLE	I n	DELETE	1.1 TITLE	Change Addition	ion
NAME	TERRASSA, JUAN A	Car Victio	1.2 NAME	GASTON DE ZARRAGA SR.	
1	ESQUINA CESAR GONZALEZ	•	•	One les Piers Ciaris	18
STREET ADDRESS	HATO REY PR		1.3 STREET ADDRESS	33.35	16
CITY-ST-ZIP TITLE	D	DELETE	1 4 CITY-ST-ZIP 2 1 TITLE	CORAL GABLES FL 33143	ion (
	(•	OLLER	4		1011
NAME	PALOP, JUAN		2.2 NAME	COLON, GABRIEL E. 1010 PLACETAS AVE.	
STREET ADDRESS	AVDA DIAGONAL 579- PL 10		2.3 STREET ADDRESS	S 1010 PLACETAS HVE	
CITY - ST - ZIP	08014 BARCELONA SP	DELETE	2.4 CITY - ST - ZIP	LONAL GABLES FL 33176	
TITLE	DEVS	☐ DELETE	3 1 TITLE	☐ Change ★ Additi	1011
NAME	FREYRE, PEDRO		3.2 NAME	NAON, ALBERTO	
STREET ADDRESS	8541 SW 72 TER		3.3 STREET ADDRESS	SIQUTI SW QI LANE	
CITY - ST - ZIP	MIAMI FL 33143		3 4. CITY-ST-ZIP	Miami FL 33175	
TITLE	V SERVICE LINES OF THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	☐ DELETE	4.1 TITLE	Change Additi	ומח
NAME	FERNANDEZ, HUMBERTO		4 2 NAME	YAU, MICHAEL W.	
STREET ADDRESS	3130 PEACHTREE CIR		4.3 STREET ADDRESS	7200 SW 131 ST MIAMI FL 33156	ł
CITY-ST-7IP	DAVIE FL 33328		4.4 CITY - ST - ZIP	MIAMI FL 33156	
TITLE	DP	☐ DELETE	5.1 TITLE	Change IXI Additi	ion
NAME	FERNANDEZ-SILVA, JORGE		5.2 NAME	SHAW, PETER W. 327, LAKE CREST CT	
STREET ADDRESS	8041 SW 54TH CT		5.3 STREET ADDRESS	\$ 327 LAKE CREST CT	
CITY-ST-ZIP	MIAMI FL 33143		5.4 CITY-ST-ZIP	ET LAUDERDALE FL 333&6	
TITLE	DVT	☐ DELETE	6.1 TITLE	Change Additi	ion
NAME	FREYRE, ERNESTO		6.2 NAME	DE VEGA, PRIMITIVO	
STREET ADDRESS	8840 SW 97 TERR		63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		6.4 CITY-ST-ZIP	28006 MADRID SPAIN	Ì
14. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption state	ated in Section 119.07(3)(i), Florida Statutes I further certify that the informatic	οn

In hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(6). 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 eath; 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 charged or the particular address.

CICNIATUDE.

4/14/98

305477-555

AMSTAR INSURANCE COMPANY (CONT'D)

Jose Luis Carrion, JR. 8520 SW 81 LANE Miami FL 33143

AV DIANE M. DEPPEN 11045 SW 129 CT MIAMI FL 33186