FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 10:38

DOCUMENT # **J85205** **(9)**

1. Corporation Name
FIDELITY NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
4960 S.W. 72ND AVE. SUITE 404 MIAMI FL 33155	4960 S.W. 72ND AVE. SUITE 404 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1988
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business	2a. Mailing Address
21 10680 S.W. 113TH PLACE	26 10680 S.W. 113TH PLACE
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: MIAMI, FL	28 City & State: MIAMI, FL
24 Zip: 33176 25 Country: USA	29 Zip: 33176 30 Country: USA

4. FEI Number: 59-2797176 ☐ 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	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER AND TREASURER THE CAPITOL BLDG. TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	CHAVEZ, GERARDO	12 NAME	Chavez, Gerardo	
STREET ADDRESS	4960 S.W. 72ND AVE. 404	13 STREET ADDRESS	10680 S.W. 113th Place	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GARCIA, TITO VICENTE	22 NAME		
STREET ADDRESS	7511 S.W. 87TH AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	DE LA OSA, JORGE	32 NAME	De la Osa, Jorge	
STREET ADDRESS	4960 SW 72ND AVENUE #303	33 STREET ADDRESS	10680 S.W. 113th Place	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL 33176	
TITLE	DST	41 TITLE	DST	☒ Change ☐ Addition
NAME	DE LA OSA, CARLOS	42 NAME	De la Osa, Carlos	
STREET ADDRESS	4960 SW 72ND AVENUE #303	43 STREET ADDRESS	10680 S.W. 113th Place	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Miami, FL 33176	
TITLE	DV	51 TITLE	DV	☒ Change ☐ Addition
NAME	CHAVEZ, JERRY	52 NAME	Chavez, Jerry	
STREET ADDRESS	4960 S.W. 72ND AVE. 404	53 STREET ADDRESS	10680 S.W. 113th Place	
CITY ST ZIP	MIAMI FL	54 CITY-ST-ZIP	Miami, FL 33176	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 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 attachment with an address.

SIGNATURE: _____ 5/22/95 305-273-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164708 CP