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

DOCUMENT # **J85357** **(8)**

1. Corporation Name

THE SOUTHERN GROUP INDEMNITY, INC. (CAPTIVE)

Principal Place of Business

~~735 NW 22ND AVE~~
~~MIAMI FL 33125~~
US

Mailing Address

~~735 NW 22ND AVE~~
~~MIAMI FL 33125~~
US

3. Date Incorporated or Qualified: 06/06/1988

3a. Date of Last Report: 08/02/1995

2. Principal Place of Business
21 2900 N.W. 109 AVE.
Suite, Apt #, etc.
22
City & State
23 MIAMI, FL
Zip 24 33172 25 Country DADE

2a. Mailing Address
26 2900 N.W. 109 AVE
Suite, Apt #, etc.
27
City & State
28 MIAMI FL.
Zip 29 33172 30 Country DADE

4. FEI Number: 65-0052887 ☐ 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**

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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 DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	VIVES, MARIO	
STREET ADDRESS	121 NW 129 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☐ DELETE
NAME	VAZQUEZ, HIGINO	
STREET ADDRESS	943 SW 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	☐ DELETE
NAME	MON, JOSE	
STREET ADDRESS	1046 S.W. 71ST COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~DV~~	☒ DELETE
NAME	~~VASQUEZ, HIGNIO~~	
STREET ADDRESS	~~943 S.W. 9TH AVENUE~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	D	☐ DELETE
NAME	STEINBERG, EDWARD	
STREET ADDRESS	21111 NE 23RD AVENUE	
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: Jose Mon JOSE MON D/T 4/10/96 (305)640-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)