FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K04758 (4)

1. Corporate Name

RISK ASSURANCE INC.

Principal Address

150 W FLAGER ST.
STE 2000
MIAMI FL 33130

Mailing Address

150 W FLAGER ST.
STE 2000
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1987

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business

21

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number: 65-0063781 — 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 paid, or intends to pay, the intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEIGER, ROBERT S.
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

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. In compliance with the provisions of Section 607.0505, and/or 608, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SUAREZ, JESUS
Street Address	150 W FLAGLER ST #2000
City, State, Zip	MIAMI FL
TITLE	S
NAME	SUAREZ, JESUS
Street Address	150 W FLAGLER ST #2000
City, State, Zip	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE ☐ Change ☐ Add/Del
NAME
Street Address
City, State, Zip

TITLE ☐ Change ☐ Add/Del
NAME
Street Address
City, State, Zip

TITLE ☐ Change ☐ Add/Del
NAME
Street Address
City, State, Zip

TITLE ☐ Change ☐ Add/Del
NAME
Street Address
City, State, Zip

TITLE ☐ Change ☐ Add/Del
NAME
Street Address
City, State, Zip

TITLE ☐ Change ☐ Add/Del
NAME
Street Address
City, State, Zip

14. I hereby certify that the information supplied with this filing is validated, formatted and has not found, to the exception listed in Section 607.0193(3), Florida Statutes. Further certify that the information contained in the annual report or supplemental annual report filed with or made 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 or another designated to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this or an attachment with an address.

SIGNATURE: [signature]

SIGN HERE AND PRINT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0127113 CP