

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 # **K17558 (3)**

1. Corporation Name
ASSURANCE UNDERWRITERS, INC.



Principal Place of Business: **8390 NW 53RD ST 200 MIAMI FL 33166 US**
Mailing Address: **8390 NW 53RD ST 200 MIAMI FL 33166 US**

3. Date Incorporated or Qualified: **03/03/1988**
3a. Date of Last Report: **04/21/1995**
4. FET Number: **65-0036403**
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

2. Principal Place of Business: **21 11890 Tamiami Trail Suite 400 Miami, FL 33184 USA**
2a. Mailing Address: **26 11890 Tamiami Trail Suite 400 Miami, FL 33184 U.S.A.**

9. Name and Address of Current Registered Agent: **TUNON, LUIS J 8390 NW 53RD ST STE 200 MIAMI FL 33166**
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: _____ (Print Name of Agent Signing Report) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TUNON, LUIS J		12 NAME:	
STREET ADDRESS: 8390 NW 53 RD ST - STE 200		13 STREET ADDRESS: 11890 Tamiami Trail, Suite 400	
CITY-ST-ZIP: MIAMI FL		14 CITY-ST-ZIP: Miami, FL 33184	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MORENO, ANGEL		22 NAME:	
STREET ADDRESS: 8390 NW 53 RD ST - STE 200		23 STREET ADDRESS: 11890 Tamiami Trail #400	
CITY-ST-ZIP: MIAMI FL		24 CITY-ST-ZIP: Miami, FL 33184	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: MARTELY, JOSE ANTONIO		32 NAME:	
STREET ADDRESS: 8390 N.W. 53RD ST - STE 200		33 STREET ADDRESS: 11890 Tamiami Trail, Suite 400	
CITY-ST-ZIP: MIAMI FL		34 CITY-ST-ZIP: Miami, FL 33184	
TITLE: S	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TUNON, AYMARA		42 NAME:	
STREET ADDRESS: 8390 N.W. 53RD STREET - STE 200		43 STREET ADDRESS: 11890 Tamiami Trail, Suite 400	
CITY-ST-ZIP: MIAMI FL		44 CITY-ST-ZIP: Miami, FL 33184	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 CITY-ST-ZIP:	

14. I do hereby certify that the information furnished on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(5), 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, as required, or other attachment with an address.

SIGNATURE: _____ (Signature and Typed or Printed Name of Signing Officer or Director)
Date: **6/24/96** (305) 226-5833

CR2E034 (12/95)