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

APPROVED AND FILED
95 MAY -1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K42684** **(6)**

1. Corporation Name
INSURANCE MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1208. WEST NEWPORT SUITE 202 CENTER DRIVE DEERFIELD BEACH FL 33442	1208. WEST NEWPORT SUITE 202 CENTER DRIVE DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0112172 ~~NOT APPLICABLE~~ — ☐ 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

~~KANNER, ABE~~
~~1208 WEST NEW POST CENTER~~
~~SUITE 202~~
~~DEERFIELD BEACH FL 33442~~

10. Name and Address of New Registered Agent

81 Name: GRANET, Lloyd
82 Street Address (P.O. Box Number is Not Acceptable): 5200 Town Center Cir, Ste 301
83
84 City: Boca Raton — FL — 85 Zip Code: 33486

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] LLOYD GRANET — 4/27/95
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	CHALHOUB, JEAN-CLAUDE	1.2 NAME	
STREET ADDRESS	VILLA ISIS AIN SAADE	1.3 STREET ADDRESS	1208 W Newport Center Drive, Ste 202
CITY ST ZIP	MONT LIBAN LI	1.4 CITY ST ZIP	Deerfield Beach FL 33442
TITLE	~~SD~~	2.1 TITLE	☑ Change ☐ Addition
NAME	~~KANNER, ABE L.~~	2.2 NAME	TERMINATED
STREET ADDRESS	~~412 NW 107 TERR~~	2.3 STREET ADDRESS	
CITY ST ZIP	~~CORAL SPRG FL~~	2.4 CITY ST ZIP	DELETE
TITLE		3.1 TITLE	SECRETARY ☐ Change ☑ Addition
NAME		3.2 NAME	Lloyd GRANET
STREET ADDRESS		3.3 STREET ADDRESS	5200 Town Center Cir, Ste 301
CITY ST ZIP		3.4 CITY ST ZIP	Boca Raton FL 33486
TITLE		4.1 TITLE	Asst Secretary ☐ Change ☑ Addition
NAME		4.2 NAME	Roger Hajj
STREET ADDRESS		4.3 STREET ADDRESS	1208 W Newport Center Drive, Ste 202
CITY ST ZIP		4.4 CITY ST ZIP	Deerfield Beach FL 33442
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: [signature] — 4/27/95 — 407-447-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437860 FP