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 FEB 13 AM 11:22

DOCUMENT # K60449 (1)

1. Corporation Name
INSURANCE SERVICES INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
2525 S.W. 27TH AVENUE SUITE 100 MIAMI FL 33133	2525 S.W. 27TH AVENUE SUITE 100 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1989
3a. Date of Last Report: 02/01/1994

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

4. FEI Number: 65-0155997 ☐ 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

DUNCAN, ROSARIO P.
2525 S.W. 27TH AVENUE
SUITE 100
MIAMI FL 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☒ Addition
NAME	MORENZA, CHRISTINA C.	12 NAME	Chairman & Director
STREET ADDRESS	2525 SW 27TH AVE.	13 STREET ADDRESS	SIERRA, ANTONIO M.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	2525 S.W. 27th Avenue, Miami, FL
TITLE	V	21 TITLE	☐ Change ☒ Addition
NAME	LOPEZ, CARLOS J.	22 NAME	Director & Secretary
STREET ADDRESS	2525 SW 27TH AVE	23 STREET ADDRESS	DUNCAN, ROSARIO P.
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	2525 S.W. 27th Avenue, Miami, FL
TITLE	TD	31 TITLE	☐ Change ☒ Addition
NAME	GARCIA, PAUL A.	32 NAME	Director
STREET ADDRESS	2525 SW 27TH AVE	33 STREET ADDRESS	PELLETIERE, LEONARD J.
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	2525 S.W. 27th Avenue, Miami, FL
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ-SILVA, HENRY	42 NAME	
STREET ADDRESS	2525 SW 27TH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GARCIA-VELEZ, CALOS	52 NAME	
STREET ADDRESS	2525 SW 27TH AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CORNIDE, MANUEL	62 NAME	
STREET ADDRESS	2525 SW 27TH AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: [signature] Title
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

0134021 CP