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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 01/24/1989	3a. Date of Last Report: 02/13/1995
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	

2. Principal Place of Business (21) (22) (23) (24) (25)

2a. Mailing Address (26) (27) (28) (29) (30)

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(S) DATE

12. OFFICE-IS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P ☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	MORENZA, CHRISTINA C.	2 NAME	
3 STREET ADDRESS	2525 SW 27TH AVE.	3 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
1 TITLE	V ☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	LOPEZ, CARLOS J.	2 NAME	
3 STREET ADDRESS	2525 SW 27TH AVE	3 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
1 TITLE	TD ☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	GARCIA, PAUL A.	2 NAME	
3 STREET ADDRESS	2525 SW 27TH AVE	3 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
1 TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	FERNANDEZ-SILVA, HENRY	2 NAME	
3 STREET ADDRESS	2525 SW 27TH AVE	3 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
1 TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	GARCIA-VELEZ, CALOS	2 NAME	
3 STREET ADDRESS	2525 SW 27TH AVE	3 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	
1 TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	CORNIDE, MANUEL	2 NAME	
3 STREET ADDRESS	2525 SW 27TH AVE	3 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL	4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I declare, or 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: X ROSARIO P. Duncan, Sec (305) 529-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0155997 OP