

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L92846** (9)
1. Corporation Name
FIRST SECURITY INSURANCE UNDERWRITERS, INC.



Principal Place of Business 2500 NW 79 AVE MIAMI FL 33122 US	Mailing Address 2500 NW 79 AVE MIAMI FL 33122-1071 US
--	---

3. Date Incorporated or Qualified 07/16/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0216083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent LOPEZ, JORGE A 2500 NW 79TH AVE. MIAMI FL 33122	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, SERGIO	12 NAME	
STREET ADDRESS	2500 NW 79TH AVE.	13 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	14 CITY- ST- ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDE-FAULI, JUAN	22 NAME	
STREET ADDRESS	2500 NW 79 AVE	23 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	24 CITY- ST- ZIP	
TITLE	DT <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORGAS, ED S	32 NAME	
STREET ADDRESS	2500 NW 79 AVE	33 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	34 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE M	42 NAME	
STREET ADDRESS	2500 NW 79 AVE	43 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL	44 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JORGE A.	52 NAME	
STREET ADDRESS	2500 NW 79 AVE	53 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	54 CITY- ST- ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, JOHN M	62 NAME	
STREET ADDRESS	2500 NW 79 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 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:  **Jorge A. Lopez** 4/24/97 (305) 715-0000 X3379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo/yr Phone #

CR2E034 (9/96)