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 # M10371 (6)

1. Corporation Name
STATE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
8410 W. FLAGLER 205-B MIAMI FL 33144 US	P.O. BOX 524174 P O BOX 524174 MIAMI FL 33152 US

3. Date Incorporated or Qualified: 01/23/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2483927 ☐ 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	2a. Mailing Address
21 same	26 same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RUIZ, JOSE M.
8410 W. FLAGLER #205B
MIAMI FL 33144

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 ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PS	RUIZ, JOSE M.	8917 SW 12 ST.	MIAMI FL	☐
TVP	RUIZ, NIMIA V.	8917 SW 12 ST.	MIAMI FL	☐
VP	RUIZ, JOSE M. JR.	8917 SW 12 ST.	MIAMI FL	☐
VP	RUIZ-GALI, ANA L	8917 SW 12 ST	MIAMI FL	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

No.	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

CR2E034 (12/95)

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] Jose M. Ruiz — 04/30/96 — (305) 5537767

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