FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

M60477

(0)

MANAGEMENT RISK GROUP FINANCIAL CORPORATION

FILED May 01 1996 8:00 am Secretary of State



| Principal Place | of Business | Mailing Address | | | [### ### ### #### #### #### #### #### |
|--|--|----------------------------------|--------------------------------|---|---------------------------------------|
| | | | | | |
| 4960 SW 72 SUITE 208 | ND AVENUE | 4960 SW 72ND AVENUE SUITE 200 | | | |
| MIAMI FL 33 | 3155 | MIAMI FL 33155 | | | |
| US | | US | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2. Principal Pla | non of Chalanas | | | 10/08/1987 | 04/27/1995 |
| homes in the second | | 26. Maning Address | Ida Ave | 4. FEI Number | Applied For |
| | Grada Dre | Suite, Apt. #, etc. | 2000 1700 | 65-0007282 | Not Applicable |
| 22 Zn | d Floor | 27 2nd (| F1001 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 (1) 8 State | ul Gables F). | 28 Coral 60 | ibles F | | S 5.00 May Be Added to Fees |
| Zip コンコ・コ | Country | - Tan 200 - 1201 - | Country 30 () S() | 8. This corporation has liability for in | tangible tax under s. 199,032, |
| <u> 24 </u> | 9, Name and Address of Curren | | 30 () 5(17. | Florida Statutes Yes | (Jo) |
| | g, name and Address of Current | i negistered Agent | 81 Name | 10. Name and Address of New Re | egistered Agent |
| | | | 81 Name | | · |
| GUERRA, MAURO R. 82 Street Address (P.4 | | | | ddress (P.O. Box Number is Not Acceptable | 9) |
| 4960 SW 72 AVENUE | | | | 3 Geralda Hue | |
| SUITE 209 | | | | od Floor | |
| f miami f | L 33155 | | 84 Cb/ | 101 V 100: | 85 Zin Code |
| - | | | -116 | cal babbes | - FL \\ \\ \\ \\ \\ \\ \\ \\ \ |
| 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 diffice 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 _ | | | | | |
| | Elignature hypod or printed name of registered agent i | | Registered Agent signature req | | DATE |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| NAME | D CHENDA CUIDIEVE | E Dece it | 1. 1 1iTLE | | Change Addition |
| | GUERRA, SHIRLEY F. | | 1.2 NAME | | |
| STREET ADDRESS | 2451 BRICKELL AVE. #2N MIAMI FL | | 1.3 STREET ADDRESS | | |
| CITY+ST-ZIP TITLE | PD | [] DELETE | 1.4 CITY - ST - ZIP | | |
| NAME | GUERRA, MAURO R. | E) verice | 2. 1 T(1).6 | | Change Addition |
| STREET ADDRESS | 2451 BRICKELL AVE. #2N | | 2.2 NAME | 170 69 calda a | un 2nd Class |
| 1 | MIAMI FL | | 2.3 STREET ADDRESS | 178 Gralda A Coral Gables F | DE CHICK WIOOF |
| CITY-ST-ZIP | MIAMI FL | DELETE | 2.4 CITY-\$1-ZIP | wrou Gables P | 1.33134 |
| NAME | | L., ort.ere | 3 c jiiligk | | Change Addition |
| STREET ADDRESS | | | 3.2 NAME | | |
| 1 | | | 3.3 STREET ADDRESS | | |
| CITY-S1-ZIP | | [7] DELETE | 3.4 CHY-ST-ZIP 4. 1 TILE | | |
| NAME | | L.J Peterte | | | Change Addition |
| STREET ADDRESS | | | 4.2 NAME | | . |
| CITY-ST-ZIP | | | 4.3 STREET ADDRESS | | |
| TITLE | | DELETE | 4.4 C(TY-ST-ZIP 5. 1 TITLE | | Change C Addition |
| NAME | | Carlotter | | 80aan 1 sa | Change Addition |
| STREET ADDRESS | | | 5 2 NAME | 900001 80 -05/02/960100 | 721112 |
| CITY-ST-ZIP | | | 5.3 STREET ADDRESS | ***200.00 | VIII |
| TILE | | [] DELETE | 54 CHY-ST-ZIP 6 1 HILE | - The last plantage | Change S Addition |
| NAME | | L.J PECTE | | | Change Addition |
| STREET ADDRESS | | | 6.2 NAME | | 5-1-96 |
| | | | 6.3 STREET ADDRESS | | 5-1 |
| CITY-ST-Ziff | codif, that the left and a coding | | 6.4 C/TY-\$1-Z/P | | |

For hereby certify that the information supplied with this lining 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 certify that I am an officer or director of the corporation of 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 only a flachment with an address.

SIGNATURE: Y