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

**PROFIT** CORPORATION ANNUAL REPORT

oath; that I am an officer or director appears in Block 12 or Block 13 if a

**SIGNATURE** 



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

1996

P38561 **DOCUMENT #** 

(7)

TRANSATLANTIC MARINE CLAIMS AGENCY, INC.

Principal Place of Business Mailing Address 330 BISCAYNE BLVD., SUITE 560 330 BISCAYNE BLVD., SUITE 560 MIAMI FL 33131 **MIAMI FL 33131** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1992 03/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 13-2711488 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s 199,032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 63 **TALLAHASSEE FL 32301** 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and offerit applicable (NOTE: Rog stered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 10116 DELETE 1. 1 TITLE Change Addition HEIJMANS, WIM NAME 1.2 NAME CR2E034 217 BROADWAY STREET ADDRESS 13 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 14 CHY-ST-ZIP TITLE DELETE Addition 2.1 TELE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-\$1-ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZiP TITLE DELETE 5.1 TaTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2(P TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 6.4 CH1Y-ST-ZIP the state of this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further an use report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under appraish or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information supplied certify that the information indicated on this

on an attachment with an address.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR