

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90179 042 ***150.00

DOCUMENT # P92000004756

1. Corporation Name

M.A.S.C. INSURANCE SERVICES, INC.

Principal Place of Business

9500 S DADELAND BLVD
SUITE 360
MIAMI FL 33156
US

Mailing Address

9500 S DADELAND BLVD
SUITE 360
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1992

4. FEI Number

65-0370992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 15482 SW 42 LANE
Suite, Apt. #, etc.

2a. Mailing Address

26 15482 SW 42 LANE
Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

Country

24 33185 25 USA

Zip

Country

29 33185 30 USA

9. Name and Address of Current Registered Agent

CHATTERJEE, SUMIT
9500 S DADELAND BLVD
SUITE 360
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name SUMIT CHATTERJEE
82 Street Address (P.O. Box, Number is Not Acceptable)
15482 SW 42 LANE
83
84 City MIAMI FL 85 Zip Code 33185

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME CHATTERJEE, SUMIT
STREET ADDRESS 9500 S DADELAND BLVD, SUITE 360
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME CHATTERJEE, MIREYA
STREET ADDRESS 9500 S DADELAND BLVD, SUITE 360
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 15482 SW 42 LANE
14 CITY-ST-ZIP MIAMI FL 33185

21 TITLE
22 NAME
23 STREET ADDRESS 15482 SW 42 LANE
24 CITY-ST-ZIP MIAMI FL 33185

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with all other like empowered.

SIGNATURE: Sx Chatterjee SUMIT CHATTERJEE 4/23/99 305 559-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0264081