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



CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS	Feb 04 1997 8:00am Secretary of State
OCUMENT # P93000  BAC INSURANCE CORP.	020579 (7)	

48 BRICKELL WITE 900		Mailing Address  848 BRICKELL AVE  #900  MIAMI FL 33131-2943					
MAMI FL 33131 Us		US			s. Date Incorporated or Qualified 03/18/1993	3a, Date of Last R 02/23/1996	eport
Principal F	Place of Business	2a. Mailing Address			4. FEI Number		plied For
]		26			65-0401756		t Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		Additional equired
City & Star	rie	City & State			6. Election Campaign Financing		May Be
	•	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	ry	8. This corporation has liability for in		. 199.032,
	25	29	30		1	Yes No	
	g. Name and Address of Curre			.1	10. Name and Address of New Reg	gistered Agent	
	RPORATION INFORMATION SER	MICES INC.	8	1 Name			
1201 HAYS ST.			8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
IAL	LLAHASSEE FL 32301		8:	3			
			Ľ	<u> </u>			
			84	4 City		FL 85 Zip	Code
1. Pursuant	t to the provisions of Sections 607.05	02 and 607 1508 Florida Stat	utae the sho		moration cultimite this statement for the n	urpose of changing i	ts registered
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505,	s authorized b Florida Statute	by the corpora es.	rporation submits this statement for the p ation's board of directors. I hereby accep	of the appointment as	registered
IGNATURE 2. Tue	Signature, typed or professionne of registerion se			gent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOF	RS IN 12
EGNATURE  2. TLE AME TREET ADDRESS	Stgraf ize typed or prefer turne of registe iz a at OFFICERS AND COMPLETE OF PELLAS, ALFREDO 848 BRICKELL AVE, #900	gen and deil applicable (N ND DIRECTORS	13. 11 TITLE 1.2 NAM	igent signature requires	ured when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOF	RS IN 12
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Lam an officer or director of the corporation of the receiver or trustee empowered tappears in Black 12 or Black 13 if changes of an attachment with an address.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**