

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90057 037 ***150.00

DOCUMENT # P93000043696

1. Corporation Name

MIAMI GROUP HEALTH & LIFE INSURANCE CORP.

Principal Place of Business

3000 MARCOS DR P514
ADVENTURA FL 33160
US

Mailing Address

3000 MARCOS DR P 514
ADVENTURA FL 33181
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1993

4. FEI Number

65-0426842

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 1705 Biarritz DR.

Suite, Apt. #, etc.

22

City & State

23 Miami Beh. Fl.

Zip

24 33141

Country

25 Dade

2a. Mailing Address

26 1705 Biarritz DR.

Suite, Apt. #, etc.

27

City & State

28 Miami Beh. Fl.

Zip

29 33141

Country

30 Dade

9. Name and Address of Current Registered Agent

BROOKS, MICHAEL J
626 NE 124TH ST N
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

Joan C. Brooks

82 Street Address (P.O. Box Number is Not Acceptable)

1705 Biarritz DR.

83

Miami Beh.

84 City

FL

85 Zip Code

33141

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

Joan C. Brooks Pres.

1-11-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME BROOKS, JOAN C.
STREET ADDRESS 3000 MARCOS DR. P-514
CITY-ST-ZIP ADVENTURA FL 33160

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Brooks, Joan C.
1.3 STREET ADDRESS 1705 Biarritz DR.
1.4 CITY-ST-ZIP Miami Beh. Fl. 33141

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:

Joan C. Brooks Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 305 866 1861

Date

Daytime Phone #

0210007

CR2E034 (11/98)