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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

RAMOS, AIDA C 2478 S.W. 8TH STREET

**MIAMI FL 33135** 

Suite, Apt. #, etc.

City & State

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

26

29

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P9400062410 (3)

### FLORIDA INSURANCE UNDERWRITERS CORP.

Country

26

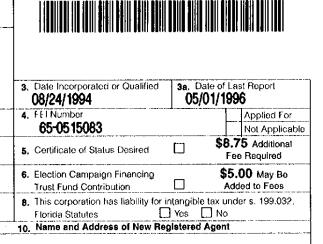
Principal Place of Business Mailing Address

8478 S.W. 8TH STREET
MIAMI FL 33135

MIAMI FL 33135-3016

9. Name and Address of Current Registered Agent

# FILED May 16 1997 8:00am Secretary of State



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

1. 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.

Country

81 Name

83

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent a greature required when reinstalling)  DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER		S IN 12
TITLE	VO	☐ DELET <b>e</b>	1:1 TITLE		Change	Addition
NAME	RAMOS, AIDA R		12 NAME			
STREET ADDRESS	2478 S.W. 8TH ST.		1;3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135		1/4 CITY-ST-ZIP			
TITLE	SD	☐ DELFTE	2 1 1 ITLF		Change	☐ Addition
NAME	CORTINA, YAMILKA		2,2 NAME	4		ŀ
STREET ADDRESS	2478 S.W. 8TH ST.		2,3 STREET ADDRESS			ŀ
CITY-ST-ZIP	MIAMI FL 33135		2 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TO LE		☐ Change	Addition
NAME			3,2 NAME			
STREET ADDRESS			3,3 STREET ADDRESS			
CITY-ST-ZIP			3,4. CITY-S1-ZIP			
TITLE		DELETÉ	4,1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4,4 CHY-S1-ZIP			
TITLE		DELETE	51 TITLE		Change	Addition
NAME			5/2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5,4 CITY-S1-ZIP			
TITLE		DELETE	6111111.F		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY, ST. 7IP			64 CITY-ST-7IP			1

14. I do 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.

10-2 (and) -11 5500