SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

- PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P94000072506 (6)**

1. Corporation Name
ARGUS FIRE & CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
20801 BISCAYNE BOULEVARD AVENTURA FL 33180	20801 BISCAYNE BOULEVARD AVENTURA FL 33180

3. Date Incorporated or Qualified: **10/03/1994**
3a. Date of Last Report: **06/28/1995**

2. Principal Place of Business
21 **20803 BISCAYNE BLVD**
Suite, Apt # etc
22 **#401**
City & State
23 **AVENTURA FL 33180**
Zip 24 | Country 25

2a. Mailing Address
26 **20803 BISCAYNE BLVD**
Suite, Apt #, etc
27 **#401**
City & State
28 **AVENTURA FL 33180**
Zip 29 | Country 30

4. FEI Number: **36-3954203** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature of new registered agent, if changing) (NOTE: Registered Agent Signature Required When Reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRILLO, WILLIAM 40 BAYBROOK LANE OAK BROOK IL 60521	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P MONTAGNE, MELQUIADES EDUARDO 20803 BISCAYNE BLVD AVENTURA FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IKENAGA, JACK 21800 HIDDEN VALLEY RD. KILDEER IL 60047	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	ST RIVARD, JEAN-GUY 20803 BISCAYNE BLVD AVENTURA FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPATUZZA, JOHN G 5415 N. SHERIDAN RD., UNIT 1204 CHICAGO IL 60640	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D PARRILLO, RICHARD P JR 20803 BISCAYNE BLVD AVENTURA FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RISKY, ANTHONY 3504 FALKNER DR. NAPERVILLE IL 60564	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D PARRILLO, BEAU 20803 BISCAYNE BLVD AVENTURA FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARRILLO, WILLIAM G 40 BAYBROOK LANE OAK BROOK IL 60521	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	900001930219 -08/23/96--01004--019 ***225.00	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean-Guy Rivard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEAN-GUY RIVARD, SECRETARY & TREASURER

August 21, 1996 (305) 948-7832
Date Daytime Phone #