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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
20803 BISCAYNE BLVD #401 AVENTURA FL 33180	20803 BISCAYNE BLVD #401 AVENTURA FL 33180-1429

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report: 08/22/1996

2. Principal Place of Business	2a. Mailing Address
21 3909 NE 163rd Street	26 3909 NE 163rd Street
Suite, Apt. #, etc. 22 Suite #304	Suite, Apt. #, etc. 27 Suite #304
City & State 23 North Miami Beach, FL	City & State 28 North Miami Beach, FL
Zip 24 33160 Country 25 USA	Zip 29 33160 Country 30 USA

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	10. Name and Address of New Registered Agent
THE INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399	81 Name: Melquiades Eduardo Montagne 82 Street Address (P.O. Box Number is Not Acceptable): 20803 Biscayne Boulevard 83 Suite #401 84 City: Aventura FL 85 Zip Code: 33180

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] 04/30/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONTAGNE, MELQUIADES E		1.2 NAME		
STREET ADDRESS	20803 BISCAYNE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	RIVARD, JEAN-GUY		2.2 NAME	RIVARD, JEAN-GUY	
STREET ADDRESS	20803 BISCAYNE BLVD.		2.3 STREET ADDRESS	3909 NE 163rd Street, Suite #201	
CITY-ST-ZIP	AVENTURA FL 33180		2.4 CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE	D	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	SPATUZZA, JOHN G		3.2 NAME	PARRILLO, MICHAEL ROBERT	
STREET ADDRESS	5415 N. SHERIDAN RD., UNIT 1204		3.3 STREET ADDRESS	20803 Biscayne Boulevard, Suite #401	
CITY-ST-ZIP	CHICAGO IL 60640		3.4 CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	RISKY, ANTHONY		4.2 NAME	PARRILLO, RICHARD PETER SR.	
STREET ADDRESS	3504 FALKNER DR.		4.3 STREET ADDRESS	20803 Biscayne Boulevard, Suite #401	
CITY-ST-ZIP	NAPERVILLE IL 60564		4.4 CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PARRILLO, WILLIAM G		5.2 NAME	PARRILLO, BEAU	
STREET ADDRESS	40 BAYBROOK LANE		5.3 STREET ADDRESS	20803 Biscayne Boulevard, Suite #401	
CITY-ST-ZIP	OAK BROOK IL 60521		5.4 CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	PARRILLO, RICHARD P JR		6.2 NAME	MC CARTHY, PATRICK ALOYSIUS	
STREET ADDRESS	20803 BISCAYNE BLVD		6.3 STREET ADDRESS	20803 Biscayne Boulevard, Suite #401	
CITY-ST-ZIP	AVENTURA FL 33180		6.4 CITY-ST-ZIP	Aventura, FL 33180	

CR2E034 (9/96)

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.

SIGNATURE: [signature] 04-30-97 305-948-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #