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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P94000084696 (1)**

1. Corporation Name
**TRANSGLOBAL INSURANCE GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7270 NW 12TH STREET<br>SUITE 760<br>MIAMI FL 33124<br>US | 7270 NW 12TH STREET<br>SUITE 760<br>MIAMI FL 33126-1929<br>US |

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report: 06/21/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0535410 ☐ 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

**JASLOW, CRAIG A**
**9351 FONTAINEBLEAU BLVD.**
**SUITE B-307**
**MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name: ANTONIO MENENDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 7270 NW 12TH ST. SUITE #760
83
84 City: MIAMI **FL** 85 Zip Code: 33126

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DPT | ☐ DELETE | 1.1 TITLE | DPT | ☒ Change ☐ Addition |
| NAME | MENENDEZ, ANTONIO | | 1.2 NAME | MENENDEZ, ANTONIO SR. | |
| STREET ADDRESS | 4561 SW 153 COURT | | 1.3 STREET ADDRESS | 7455 SW 93RD AVE. | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | MIAMI, FL. 33173 | |
| TITLE | DV | ☒ DELETE | 2.1 TITLE | DVS | ☐ Change ☒ Addition |
| NAME | JASLOW, LANE | | 2.2 NAME | MENENDEZ, ANTONIO JR. | |
| STREET ADDRESS | 3509 MUNEGRO STREET | | 2.3 STREET ADDRESS | 9619 FONTAINEBLEAU BLVD. #307 | |
| CITY-ST-ZIP | CORAL GABLES FL | | 2.4 CITY-ST-ZIP | MIAMI, FL. 33172 | |
| TITLE | DS | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHUMAN, ZIAD T | | 3.2 NAME | | |
| STREET ADDRESS | 9661 SW 155TH AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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:**