

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000013978 (8)

1. Corporation Name
A.I. RISK SPECIALIST, INC.

Principal Place of Business
**2800 DOUGLAS ROAD
SUITE 1010
CORAL GABLES FL 33134
US**

Mailing Address
**70 PINE STREET
ATTN E M TUCK
NEW YORK NY 10270
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1995	
21		26		4. FEI Number 13-3818981	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code FL

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, typed 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	PGM							1.1 TITLE							
NAME	BLAKE, JOHN	<input type="checkbox"/> DELETE						1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS	2800 DOUGLAS ROAD							1.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL							1.4 CITY-ST-ZIP							
TITLE	VPAG	<input type="checkbox"/> DELETE						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	RIVLIN, RACHEL							2.2 NAME							
STREET ADDRESS	200 STATE STREET							2.3 STREET ADDRESS							
CITY-ST-ZIP	BOSTON MA							2.4 CITY-ST-ZIP							
TITLE	S	<input type="checkbox"/> DELETE						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	TUCK, ELIZABETH M							3.2 NAME							
STREET ADDRESS	70 PINE STREET							3.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY							3.4 CITY-ST-ZIP							
TITLE	T	<input type="checkbox"/> DELETE						4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	DOOLEY, WILLIAM N							4.2 NAME							
STREET ADDRESS	70 PINE STREET							4.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY							4.4 CITY-ST-ZIP							
TITLE	D	<input type="checkbox"/> DELETE						5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	KELLEY, KEVIN H							5.2 NAME							
STREET ADDRESS	200 STATE STREET							5.3 STREET ADDRESS							
CITY-ST-ZIP	BOSTON MA							5.4 CITY-ST-ZIP							
TITLE	D	<input type="checkbox"/> DELETE						6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	TIZZIO, THOMAS R.							6.2 NAME							
STREET ADDRESS	70 PINE STREET							6.3 STREET ADDRESS							
CITY-ST-ZIP	NEW YORK NY							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.

SIGNATURE: *Elizabeth M. Tuck* 14-29-98 (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)