FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000026988

1. Corporation Name

INSURANCE PREMIUM HOLDINGS, INC.

Principal Place of Business
10300 S.W. 72ND STREET
SUITE 465
MIAMI, FL 33173

Mailing Address
P.O. BOX 654136
MIAMI, FL 33265-4136

2. Principal Place of Business: 21 10300 S.W. 72 STREET	2a. Mailing Address: 26 P.O. BOX 654136
Suite, Apt. #, etc.: 22 465	Suite, Apt. #, etc: 27
City & State: 23 MIAMI, FLORIDA	City & State: 28 MIAMI, FLORIDA
Zip: 24 33173 / Country: 25 DADE	Zip: 29 33265 / Country: 30 USA

3. Date Incorporated or Qualified: APRIL 5, 1995
3a. Date of Last Report: N/A (FIRST)
4. FEI Number: 65-0574491 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

KRAMER GREEN ZUCKERMAN & KAHN PA
4000 HOLLYWOOD BLVD STE 485 S
HOLLYWOOD, FL 33021

10. Name and Address of New Registered Agent

81 Name: SERGIO E. CALZADO, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 4300 NORTH UNIVERSITY DRIVE
83 SUITE B-102
84 City: LAUDERHILL, FLORIDA FL 85 Zip Code: 33351

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] SERGIO E. CALZADO, JR. 4-12-96
(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	PRESIDENT,S/T/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETER M. TOCCI	1.2 NAME	
STREET ADDRESS	457 CAMBRIDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUGH M. EISEN	2.2 NAME	
STREET ADDRESS	15811 S.W. 14TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	2.4 CITY-ST-ZIP	
TITLE	VP/D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL L. McKENDRY	3.2 NAME	
STREET ADDRESS	294 S.W. 180 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	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	000001788390 -04/22/96--01028--023 ***200.00
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	AEB
STREET ADDRESS		6.3 STREET ADDRESS	4-20-96
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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] PETER M. TOCCI, PRESIDENT 4-12-96 (305) 598-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #