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 # P95000032033 (9)

1. Corporation Name

MILLENNIUM INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146	4675 PONCE DE LEON BLVD. SUITE 305 CORAL GABLES FL 33146

2. Principal Place of Business
21 80 SW 8th Street
Suite, Apt. #, etc.
22 2071
City & State
23 Miami FL
Zip
24 33130 25 Country

2a. Mailing Address
26 80 SW 8th Street
Suite, Apt. #, etc.
27 2071
City & State
28 Miami FL
Zip
29 33130 30 Country

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report:

4. FEI Number: 59-3311086 ☐ 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**

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146

10. **Name and Address of New Registered Agent**

81 Name: Jamsel Vedros
82 Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th Street
83 Suite 2071
84 City: Miami **FL** 85 Zip Code: 33130

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] DATE 7/8/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	STINSON, LOUIS JR.		1.2 NAME	Jamsel Vedros	
STREET ADDRESS	4675 PONCE DE LEON BLVD., #305		1.3 STREET ADDRESS	80 SW 8th St. Ste 2071	
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP	Miami FL 33130	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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	700001893507 -07/15/96--01023--036 ***225.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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] President 7/8/96 305-371-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)