

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033787 (9)**

1. Corporation Name

KNIGHTSBRIDGE GROUP INTERNATIONAL INSURANCE INC.



Principal Place of Business

**4800 N. FEDERAL HWY.
#205A
BOCA RATON FL 33431**

Mailing Address

**4800 N. FEDERAL HWY.
#205A
BOCA RATON FL 33431-5176**

3. Date Incorporated or Qualified **05/01/1995** 3a. Date of Last Report **03/14/1996**

4. FEI Number **65-0615226** 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

2. Principal Place of Business	2a. Mailing Address
21 2650 N. Military Trail	26 2650 N. Military Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 300	27 Suite 300
City & State	City & State
23 Boca Raton, FL	28 Boca Raton, FL
Zip	Zip
24 33431	29 33431
Country	Country
25 U.S.A.	30 U.S.A.

9. Name and Address of Current Registered Agent

**ARANA, SERGIO
4800 N. FEDERAL HWY.
#205A
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name	ARANA, SERGIO D.
82 Street Address (P.O. Box Number Is Not Acceptable)	2650 N. Military Trail
83	Suite 300
84 City	Boca Raton
85 Zip Code	FL 33431

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANA, SERGIO D	1.2 NAME	ARANA, SERGIO D.
STREET ADDRESS	10399 CANOE BROOK CIRCLE	1.3 STREET ADDRESS	4947 NW 23rd COURT
CITY-ST-ZIP	BOCA RATON FL 33498	1.4 CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRETH, SERGIO L	2.2 NAME	
STREET ADDRESS	6079 TOWN COLONY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 and that I am authorized 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:

DEBBY HALLIE CLAVINO
GENERAL MANAGER

DEBBY HALLIE

4/15/97 (561) 994-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)