ENDINO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P95000048613 (0)

Mailing Address

INSURANCE INFORMATION SERVICE OF AMERICA, INC.

Patrick Catania

250 Cata lono ig

Coral-asples

- SW 94TH COURT 5031 S.W. 94TH COURT 33165 MIAMI FD 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1995 4. FEI Number 2a. Mailing Address Applied For 65-0645260 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registere. Agent 9. Name and Address of Current Registered Agent 81 CATANIA, LISA A 5031 S.W. 94TH COURT 82 St Harold B. Klite Truppman **MIAMI FL 33165** 8. 201 West Flager Street Miami, Florida 33130 80 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subsquits this statement for the purpose of changing its registered office or registered agent, or soft, in the State of Florid 's board of directors. I hereby accept the appointment as registered agent. I am familiar with, an Signature of H. B. Truppman (NOTE: Registered Agent signature required when reinstating) nted name of registered agent and title if ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE DELETE DILLE CATANIA, LISA A 1.2 NAME 5125 ORDUNA DRIVE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 1.4 CITY-ST-ZIP 2:3: 27 710 Pres 2.1 TITLE Change Addition TITLE DELETE

2.2 NAME

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4 1 TITI F

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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 attacking on with an address.

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLÉ NAME

HILE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

HILLE

SIGNATURE REQUIRE

Date

Daytime Phone #

Change

Change

Change

Addition

____ Addition

Addition

FILED

Sep 17, 1998 8:00 am Secretary of State

CR2E034 (5/98)