

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000073525 1. Corporation Name

ECONOMIC RISK MANAGEMENT CORP

| Principal Place of Business | Mailing Address |
|--------------------------------------|--------------------------------------|
| 6770 S.W. 75 TERR. MIAMI FL 33143 | 6770 S.W. 75 TERR. MIAMI FL 33143 |

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90056 021 ***150.00

| LOOMON | AND LIGHT INSURANCE INTEREST CO | JUL. | | | | |
|---|--|-----------------------------------|---|---|-----------------------------------|--|
| | | | | | | |
| Principal Place of Business Mailing Address | | | | i (40)(80) sin 1825, golft anitt Adit. Adit. | 19888 (114) 61116 (156) 6111 (88) | |
| 6770 S.W. 75 TI | ERR | 6770 S.W. 75 TERR. | | | • | |
| MIAMI FL 33143 | 3 | MIAM! FL 33143 | | DO NOT WRITE IN THIS | SPACE | |
| | • | | | 3. Date Incorporated or Qualifed | | |
| | | | | 09/21/1995 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 26 | | | | 65-0616070 | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | | | 5. Certificate of Otelius Desired | Fee Required | |
| City & State | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | <u> </u> | 28 | | Trust Fund Contribution | Added to Fees | |
| —, Zip | Country | Zip | Country | 8. This corporation owes the current year In | | |
| 24 | 25 | 29 3 | 0 | Personal Property Tax. | Yes No | |
| | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Registered | Aðaur | |
| חחר | UMET, JULIO A | | o i Name | | | |
| | S.W. 75 TERR. | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | AI FL 33143 | | 83 | | | |
| 1916-419 | 11 1 2 33 140 | | 83 | | | |
| | | | 84 City | FL | 85 Zip Code | |
| 11 Pursuant t | to the provisions of Sections 607 0502 | and 607 1508 Florida Statutes | the above-named como | ration submits this statement for the purpose of | changing its registered | |
| office or re | egistered agent or both in the State of | of Florida. Such change was auti | horized by the corporation | ration submits this statement for the purpose of n's board of directors. I hereby accept the appo | intment as registered | |
| agent. I an | n tamiliar with, and accept the obligati | ons at Section 607.0505, Florid | ia Statutes. | 124 | 29 | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE, R | egistered Agent signature required | when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 | |
| TITLE | b | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | DOCUMET, RAUL A | | 1.2 NAME | | | |
| STREET ADDRESS | 6770 S.W. 75 TERR. | 1 | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33143 | | 1.4 CITY-ST-ZIP | | | |
| TTLE | D . | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME. | DOCUMET, JULIO A | | 2.2 NAME | | | |
| STREET ADDRESS | 6770 S.W. 75 TERR. | • | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33143- | | 2.4 CITY-ST-ZIP | والأريان ويساطف المساري المعارض | | |
| TITLE | •• | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition | |
| NAME . | Š | • | 3.2 NAME | | | |
| STREET ADDRESS | 44 | | 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 . | | ☐ DELETÉ | 5.1 TITLE | · | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | 5.4 CITY-ST-ZIP | | <u> </u> | |
| TITLE | ϵ_{i} | ☐ DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | · | | |
| STREET ADDRESS | 4 | | 6.3 STREET ADDRESS | | } | |

CITY-ST-ZIP 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 or an attachment, the an address, with all other like empowered.

SIGNATURE: