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Aug 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000093957 (5)**

1. Corporation Name
PACIFIC CAPITAL INSURANCE CORP.

Principal Place of Business	Mailing Address
701 BRICKELL AVE., SUITE 1550 MIAMI FL 33131	701 BRICKELL AVE., SUITE 1550 MIAMI FL 33131-2852

3. Date Incorporated or Qualified: **12/11/1995**
3a. Date of Last Report: **10/07/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0679291	☐ Applied For ☐ Not Applicable
21	26 701 Brickell Avenue		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27 Suite 1200		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28 Miami, Florida		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 33131 / 30 USA		

9. Name and Address of Current Registered Agent

KENNEDY, JUDITH
701 BRICKELL AVENUE, STE 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RASKOSKY, SERGIO		1.2 NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 1550		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	QUANT, ERNESTO		2.2 NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 1550		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HIGUERA, GUSTAVO		3.2 NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 1550		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HIGUERA, BETTY		4.2 NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 1550		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ-HOLMANN, ERNESTO		5.2 NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 1550		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PERCOVICH, LUIS		6.2 NAME		
STREET ADDRESS	701 BRICKELL AVE., SUITE 1550		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: _____ (305) 373-8328