

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093957

1. Corporation Name

PACIFIC CAPITAL INSURANCE CORP.

Principal Place of Business

701 BRICKELL AVE., SUITE 1550
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE #1200
MIAMI FL 33131
US

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90033 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1995

4. FEI Number

65-0679291

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

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

Kenney, Judith

82 Street Address (P.O. Box Number is Not Acceptable)

777 Brickell Avenue, Suite 1070

83

84 City

Miami

FL

85 Zip Code

33131

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

(NOTE: Registered Agent signature required when reinstating)

4/13/99

12.

OFFICERS AND DIRECTORS

TITLE D
NAME RASKOSKY, SERGIO
STREET ADDRESS 701 BRICKELL AVE., SUITE 1550
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE D
NAME QUANT, ERNESTO
STREET ADDRESS 701 BRICKELL AVE., SUITE 1550
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE D
NAME HIGUERA, GUSTAVO
STREET ADDRESS 701 BRICKELL AVE., SUITE 1550
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE D
NAME HIGUERA, BETTY
STREET ADDRESS 701 BRICKELL AVE., SUITE 1550
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE D
NAME FERNANDEZ-HOLMANN, ERNESTO
STREET ADDRESS 701 BRICKELL AVE., SUITE 1550
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE V
NAME PERCOVICH, LUIS
STREET ADDRESS 701 BRICKELL AVE., SUITE 1550
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PERCOVICH, LUIS 4/29/99 (305) 372-8270

CR2E034 (1/198)