

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

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

05-10-1999 90281 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1997 1998**



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

DOCUMENT # **P96000012630**
 1. Incorporating Name
UNIVERSAL INSURANCE GROUP, INC.

Principal Place of Business
**247 PARK BLVD.
 MIAMI, FL 33126**

Mailing Address
**247 PARK BLVD.
 MIAMI, FL 33126**

2. Principal Place of Business
 21 State Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date incorporated or Qualified **2/9/96**
 3a. Date of qualification
 4. FEI Number **65-0639317**
 5. Certificate of Status Insured **\$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. 199.037 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LIBIA R. CABALLERO
 8335 N.W. 8 ST #4
 MIAMI - FL 33126**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip

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 the 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)

12. OFFICERS AND DIRECTORS

TITLE	LIBIA R. CABALLERO <input type="checkbox"/> DELETE
NAME	LIBIA R. CABALLERO
STREET ADDRESS	8335 N.W. 8 ST #4
CITY - ST - ZIP	MIAMI - FL 33126
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand 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 I were an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I hereby approve in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X LIBIA R. CABALLERO 4/27/99 266-7440**