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

PROFIT CORPORATION ANNUAL REPORT

1998



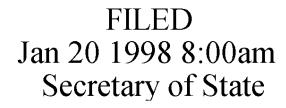
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096983 (7)

RISK MANAGEMENT SOLUTIONS, INC.





Principal Place of Bi	usiness	Mailing Address			JE1
210 WEST RIVO ALTO DRIVE		210 WEST RIVO ALTO DRIVE			
MIAMI BEACH FL 3	3139	MIAMI BEACH FL 3313	19	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				, ·	
2. Principal Place o	Business	2a, Mailing Address		11/22/1996 4. FEI Number	
21		26		APPLIED FOR 65-073595 Applied I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		S Cartificate of Clay of Designed 4 \$8.75 Addition	
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State			
23		28		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Feet	
Zip	Country	Zip	Country		
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	э
9,	Name and Address of Curren		1301	10. Name and Address of New Registered Agent	
	RMACHER, FREDRIC	 	81 Name	Annual de la constant	
	ST RIVO ALTO DRIVE				
	EACH FL 33139		62 Street A	ddress (P.O. Box Number is Not Acceptable)	
MIAMI DI	CAUN FE 33 139		83		
			**		
			84 City	85 Zip Code	
44 Commont to the		0 4 007 4500 Ft- 14 00-1		FL 25 Code	
office or register	provisions of Se ctions 607 0502 od agent, or bo th, in the State	z and 607.1508, Florida Stat of Florida. Such change wa:	utes, the above-named o s authorized by the coroo	corporation submits this statement for the purpose of changing its registoration's board of directors. I hereby accept the appointment as register	lered
agent. I am fam	iliar with, and accept the obliga				
SIGNATURE //	13//m	FREDRIC FEN.			
	e, typed by injured name of registered ager OFFICERS AND		OTE: Registered Agent signature re		
12. V	OF FICERS AINL	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
	METERMACHED EDERBIG	DECEMB		PRESIDENT Change A	ddition
	NSTERMACHER, FREDRIC		1.2 NAME		
	WEST RIVO ALTO DR		1.3 STREET ADDRESS		
	MI BEACH F; 33139	Decrete	1.4 CITY-ST-ZIP		
TITLE		☐ DELET e	2.1 TITLE	Change A	ddition
NAME			2.2 NAME		- 1
STREET ADDRESS	•		2.3 STREET ADDRESS	·	1
CITY-ST-ZIP	·		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ A	ddilion
NAME			3.2 NAME	,	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		ſ
TITLE		DELETE	4.1 TITLE	☐ Change ☐ A	ddition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-SY-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Ac	ddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		- 1
CITY-ST-ZIP					
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Ac	ddition
NAME		_ ottell		Li change Li Ac	ZORIUH
i			6 O MANAE		
			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.2 NAME 6.3 STREET ADDRESS 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 13 if changed or on an attachment with an address.

1/11/60