03-25-1999 90015 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017825

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

AXA RE	LATIN AMERICA, INC.					1	 	18112 13 131 88114 1918		**** ********************************
					-					
Principal Place	of Business	Mailing Address				'		aalei aakii abiii aaia) {{ 	11661 9111 1081
1200 BRICKELL AVENUE 1200 BRICKELL AVENUE SUITE 1700 SUITE 1700							DO NO	r WRITE IN THIS	S SPACE	
MIAMI FL 33131 MIAMI FL 33131						3. Date Incorporated or Qualifed				
			,•		- 1		5/1997			ļ
2. Principal Place of Business 2a. Mailing Address						4. FEI NI			Apr	olied For
							738027		<u> </u>	Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75 A	dditional
22				5.			5. Certifcate of Status Desired			quired
- City & State City & State							on Campaign Finar	ncing	\$5.00 f	
Zip	Country Zip Cou						orporation owes th	e current vear In	tangible	,
— `	25	29 30					nal Property Tax.	o conton your m		□No
24	9. Name and Address of Current		-				and Address of	New Registered	Agent	
			81	Name					,	
GIBBS, THOMAS E				Ctroot	Addroop	/B.O. Box	x Number is Not A	acontable)		
50 NORTH LAURA STREET			82	Street	Address	(P.O. B0)	X Number is NOT A	(cceptable)		
SUITE 2800			83							'-'
JACKSONVILLE FL 32202			L.						- <u>``</u> ! -:- c	<u> </u>
				84 City FL					85 Zip C	ode
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: Re	gistered Age	nt signature r	required who	en reinstating		DATE		
12.			13.				ONS/CHANGES T			
TITLE	D	☐ DELETE	1.1 TITLE		Seco	ctory	Treasurer	T	☐ Change	Addition
NAME	NESSI, JEAN MARIE		1.2 NAME		Hec	tor t	Leu Aven	ملأندع مدر	GOE!	
STREET ADDRESS	39 RUE DU COLISEE		1.3 STREE	TADDRESS	150	s Bric	Kell Alen	22.21	,,	1
CITY-ST-ZIP	PARIS, FRANCE	1.4		1.4 CITY+ST-ZIP		ami	,Florida	33181		
TITLE	D	☐ DELETE	2.1 TITLE						Change	☐ Addition
NAME	GUILLAUMIE, JEAN PAUL		2.2 NAME							1
STREET ADDRESS	39 RUE DU COLISEE		2.3 STREE	TADDRESS	1					Í
CITY-ST-ZIP	PARIS, FRANCE		2.4 CITY-	ST- ZIP	<u> </u>					
TITLE	D	_ □ DELETE	3.1 TITLE				· • .	~ .	Change	Addition
NAME	CERCEAU, PATRICK	,	3.2 NAME							l l
STREET ADDRESS	1200 BRICKELL AVE, STE 1700 33		3.3 STREE	T ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		3.4. CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME .	•		4.2 NAME		1					
STREET ADDRESS	4.31		4.3 STREE	STREET ADDRESS						Ì
CITY-ST-Z)P			4.4 CITY-S	T-ZIP	ļ					
TITLE			5.1 TITLE						Change	☐ Addition
NAME			5.2 NAME						£*	
STREET ADDRESS			5.3 STREE	TADDRESS						

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 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

☐ Addition