


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90458 045 ***150.00

DOCUMENT # P97000017825 Entity Name AXA RE LATIN AMERICA, INC.	
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Principal Place of Business 1200 BRICKELL AVENUE SUITE 1700 MIAMI, FL 33131	Mailing Address 1200 BRICKELL AVENUE SUITE 1700 MIAMI, FL 33131
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24073700



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0738027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LINERO, JORGE 1200 BRICKELL AVENUE SUITE 1700 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O., Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME DE COURTOIS, FREDERIC STREET ADDRESS 40 RUE DU COLISEE CITY-ST-ZIP PARIS, FRANCE, <input checked="" type="checkbox"/> Delete	TITLE D NAME GERHARDT, HANS PETER STREET ADDRESS 39 RUE DU COLISEE CITY-ST-ZIP PARIS, FRANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MAURIN, DOMINIQUE STREET ADDRESS 39 RUE DU COLISEE CITY-ST-ZIP PARIS, FRANCE, <input checked="" type="checkbox"/> Delete	TITLE D NAME BOIZARD, CHRISTOPHE STREET ADDRESS 40 RUE DU COLISEE CITY-ST-ZIP PARIS, FRANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MIRLINK, MARC STREET ADDRESS 39 RUE DU COLISEE CITY-ST-ZIP PARIS, FRANCE, <input checked="" type="checkbox"/> Delete	TITLE DI NAME LINERO, JORGE STREET ADDRESS 1200 BRICKELL AVE, STE 1700 CITY-ST-ZIP MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME DELGADO, ARMANDO STREET ADDRESS 1200 BRICKELL AVE. STE. 1700 CITY-ST-ZIP MIAMI, FL <input type="checkbox"/> Delete	TITLE VP NAME CHAVANNES, SANDRO STREET ADDRESS 1200 BRICKELL AVE, STE 1700 CITY-ST-ZIP MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MARCANO, JESUS ALBERTO STREET ADDRESS 1200 BRICKELL AVE STE 1700 CITY-ST-ZIP MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME LINERO, JORGE STREET ADDRESS 1200 BRICKELL AVE STE 1700 CITY-ST-ZIP MIAMI, FL <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 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

4/19/04
Date

305-377-1292
Daytime Phone #