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

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # **P97000095809 (4)**

1. Corporation Name
LATIN AMERICAN REINSURANCE EXCHANGE, INC.

Principal Place of Business
~~150 2ND AVENUE NORTH #500~~
~~ST. PETERSBURG FL 33701~~

Mailing Address
~~150 2ND AVENUE NORTH #500~~
~~ST. PETERSBURG FL 33701~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1997

2. Principal Place of Business
21 405 CENTRAL AVE
Suite, Apt. #, etc.
22 303
City & State
23 ST. PETERSBURG FL
Zip 24 33701-3839 Country 25 PINELLAS

2a. Mailing Address
26 3813 N. CAUSEWAY BLVD
Suite, Apt. #, etc.
27 SUITE 100
City & State
28 METAIRIE, LA
Zip 29 70002 Country 30 USA

4. FEI Number 62-1729129 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
GONZALES, DAVE
~~150 2ND AVENUE NORTH #500~~
ST. PETERSBURG FL 33701

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 405 CENTRAL AVE SUITE 303
83
84 City ST. PETERSBURG FL 85 Zip Code 33701-3839

11. Pursuant to the provisions of Sections 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Dave Gonzales DAVE GONZALES 2-28-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	JAKELIS, TODD A
STREET ADDRESS	~~150 2ND AVENUE NORTH #500~~ 405 CENTRAL AVE #303
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	405 CENTRAL AVE STE. 303
1.4 CITY-ST-ZIP	
2.1 TITLE	CHAIRMAN ☐ Change ☒ Addition
2.2 NAME	RONALD A. JAKELIS
2.3 STREET ADDRESS	3813 N. CAUSEWAY BLVD. #100
2.4 CITY-ST-ZIP	METAIRIE LA 70002
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] April 14, 1998

CR2E034 (10/97)