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May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000096401 (9)

1. Corporation Name

SOUTH RISK INSURANCE ASSOCIATES INC.



Principal Place of Business

10760 SW 43TH STREET
MIAMI FL 33165

Mailing Address

10760 SW 43TH STREET
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 650997		11/12/1997	
22 City & State		27 Miami, FL		4. FEI Number	
23 Zip		28 33265		Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Country		29 DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
MONSERRAT, JORGE 10760 SW 43TH STREET MIAMI FL 33165		81 Name Luis A. GONZALEZ		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		85 Zip Code	
		MIAMI		FL 33165	

11. Pursuant to the provisions of Sections 607.0109 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	MONSERRAT, JORGE	1.2 NAME	Jorge Monserrat
STREET ADDRESS	10760 SW 43TH STREET	1.3 STREET ADDRESS	10760 SW 43 ST
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VPD	2.1 TITLE	SD
NAME	RIANO, MARGARET	2.2 NAME	MARGARET RIANO
STREET ADDRESS	11470 SW 28TH ST.	2.3 STREET ADDRESS	11470 SW 28 ST
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SD	3.1 TITLE	P.D.
NAME	GONZALEZ, LUIS A	3.2 NAME	Luis A. GONZALEZ
STREET ADDRESS	11470 SW 28TH ST.	3.3 STREET ADDRESS	11470 SW 28 ST
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE		4.1 TITLE	T.D.
NAME		4.2 NAME	MARIA LOPEZ
STREET ADDRESS		4.3 STREET ADDRESS	14926 S.W. 89 LN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report 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

Luis A. Gonzalez

4/29/98

(Sole) CRL 0002

CR2E034 (10/97)