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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000068114**

1. Corporation Name
STEWART INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE. MIAMI FL 33131	900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1998

4. FEI Number: 65-0854593 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: MURAI WALD BIONDO & MORENO (NOTE: Registered Agent signature required when reinstating) DATE: 5/11/99
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman of the Board	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Ben. B. Corkill		1.2 NAME	
STREET ADDRESS	1980 Post Oak Blvd, Suite 900		1.3 STREET ADDRESS	
CITY-ST-ZIP	Houston, TX 77056		1.4 CITY-ST-ZIP	
TITLE	President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Antonio I. Ortega		2.2 NAME	
STREET ADDRESS	P.O. Box 70324		2.3 STREET ADDRESS	
CITY-ST-ZIP	San Juan, PR 00936-8324		2.4 CITY-ST-ZIP	
TITLE	Executive Vice President	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Francisco D. Ortega		3.2 NAME	
STREET ADDRESS	P.O. Box 70324		3.3 STREET ADDRESS	
CITY-ST-ZIP	San Juan, PR 00936-8324		3.4 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Violeta Whitney		4.2 NAME	
STREET ADDRESS	95 merrick way, Suite 360		4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33134		4.4 CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Cynthia L. Plisowski		5.2 NAME	
STREET ADDRESS	1980 Post Oak Blvd, Suite 900		5.3 STREET ADDRESS	
CITY-ST-ZIP	Houston TX 77056		5.4 CITY-ST-ZIP	
TITLE	Secretary	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Delpha McElwee		6.2 NAME	
STREET ADDRESS	1980 Post Oak Blvd Suite 900		6.3 STREET ADDRESS	
CITY-ST-ZIP	Houston, TX 77056		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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.

SIGNATURE: Cynthia L. Plisowski AUTHORIZED 3-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CYNTHIA L. PLISOWSKI