## FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Aug 11, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State 08-11-1999 90001 026 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 **DOCUMENT #** P98000069833 604060 - 90001 - 26 INTERNATIONAL INSURANCE GROUP SERVICES, INC. Mailing Address Principal Place of Business 18945 SW 23RD STREET 18945 SW 23RD STREET 4 MIAMI FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/11/1998 Applied For 2. Principal Place of Business Mailing Address Not Applicable -\$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 This corporation owes the current year Country Zip Yes Ŭ No Intangible Personal Property. 30 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name ALLENDE, PEDRO Street Address (P.O. Box Number is Not Acceptable) 82 18945 SW 23RD STREET **MIAMI FL 33145** 83 Zip Code 85 84 City 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 appointment as familiar with, and appointment as familiar with and appointment as familiar with a section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) (66/9)ed agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE CR2E034 TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF Change 2.1 TITLE DELETE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZiP Change Addition 4.1 TITLE DELETE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 5.1 TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 encowered 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:

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INTERNATIONAL INSURANCE GROUP SERVICES, INC. 1894 SW 23rd. Street, Miami, FL. 33145 Ph.: (305) 857-0515

July 7, 1999

FLORIDA DEPARTMENT OF STATE, Annual Report Filings Division of Corporations, P. O. Box 1500, Tallahassee, FL. 32302-1500

Dear Sirs:

Enclosed you will find our check # 1181, in the amount of \$150.00, to pay the fees of the above named corporation, because we just received the documentation to file 1999 Annual Corporation Report requesting a payment as of \$550.00; however, we are not paying such amount because we have never received the first one and, as you can see in such report, the address of principal place of business either the mailing address are incorrect; so, I am requesting the cancellation of the late fees charges due to the above mentioned circumstances.

Thanking you in advance for your attention to this matter; I remain;

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Very truly yours,

Pedro P. Allende President

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cc.: Dept. of State File

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