

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S13964 (9)

1. Corporation Name

UNITED STATES UNDERWRITERS, INC.

Principal Place of Business

Mailing Address

1108 KANE CONCOURSE SUITE 302  
MIAMI BEACH FL 33154

1108 KANE CONCOURSE SUITE 302  
MIAMI BEACH FL 33154



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/13/1990

3a. Date of Last Report

06/27/1995

4. FEI Number

65-0236952

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMOS, MARIA A.  
1108 KANE CONCOURSE, STE. 302  
MIAMI BEACH FL 33154

81 Name

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:

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          | DS                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | SINGER-KROLL, JUDITH |  |
| STREET ADDRESS | 6396 N. BAY ROAD     |  |
| CITY-ST-ZIP    | MIAMI BEACH FL       |  |
| TITLE          | VP                   | <input type="checkbox"/> DELETE            |
| NAME           | HARRIS, THOMAS       |  |
| STREET ADDRESS | 725 HUMMING BIRD WAY |  |
| CITY-ST-ZIP    | N. PALM BEACH FL     |  |
| TITLE          | TAS                  | <input type="checkbox"/> DELETE            |
| NAME           | RAMOS, MARIA A.      |  |
| STREET ADDRESS | 15441 SW 143RD AVE   |  |
| CITY-ST-ZIP    | MIAMI FL             |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | President  |
| 4.3 STREET ADDRESS | Monroe Birnberg  |
| 4.4 CITY-ST-ZIP    | 1108 Kane Concourse #302<br>Bay Harbor Islands, FL 33154                     |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS | 000001834160   |
| 5.4 CITY-ST-ZIP    | -05/22/96--01028--023  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | ***800.00  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Maria A. Ramos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (305)864-8645  
Date Daytime Phone #

CP2E034 (12/95)