

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 # **S59529** (5)
1. Corporation Name
SOUTHERN GROUP INSURANCE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

~~735 NW 22 AVE.~~
~~MIAMI FL 33125~~

~~735 NW 22 AVE.~~
~~MIAMI FL 33125~~

3. Date Incorporated or Qualified
06/10/1991

3a. Date of Last Report
04/24/1995

2. Principal Place of Business
21 **2900 N.W. 109 AVE**

2a. Mailing Address
26 **2900 N.W. 109 AVE**

4. FEI Number
65-0269653

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 **MIAMI, FL**

27 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **MIAMI, FL**
24 **33172** 25 **DADE**

28 **MIAMI, FL**
29 **33172** 30 **DADE**

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

~~CAPPS, GERALD N.~~
~~735 NW 22 AVE.~~
~~MIAMI FL 33125~~

81 Name **STEPHEN J. AVARACH**
82 Street Address (P.O. Box Number is Not Acceptable)
2900 N.W. 109 AVE
83
84 City **MIAMI** FL 85 **33172**

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]* **S. J. AVARACH** **4/10/96**
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP GREEN, THOMAS A**
STREET ADDRESS **735 NW 22ND AVENUE**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DPS GREEN, THOMAS A.**
1.3 STREET ADDRESS **2900 N.W. 109 AVE**
1.4 CITY - ST - ZIP **MIAMI, FL. 33172**

TITLE ☒ DELETE
NAME **VAZQUEZ, HIGINIO**
STREET ADDRESS **735 NW 22 AVE**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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: *[Signature]* **T.A. GREEN** **4/18/96** **(305) 715-0090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)