

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

AM

FILED
Aug 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **571189**
1. Corporation Name
POLARIS REINSURANCE, INC.

Principal Place of Business 7699 BISCAYNE BOULEVARD MIAMI, FL 33138 US	Mailing Address 7699 BISCAYNE BOULEVARD MIAMI, FL 33138 US
------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 08/06/1991	3a. Date of Last Report 04/23/1996
4. FEI Number 65-040313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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 OVIEDO ISIDRO ALFONSO 7699 BISCAYNE BOULEVARD MIAMI, FL 33138		10. Name and Address of New Registered Agent 81 Name JUAN B. ORDONEZ 82 Street Address (P.O. Box Number is Not Acceptable) 15554 SW 113 ST. 83 84 City MIAMI FL 85 Zip Code 33196	
---------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 **JUAN B. ORDONEZ** *[Signature]* **07/14/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OVIEDO, ISIDRO ALFONSO		1.2 NAME JUAN B. ORDONEZ	
STREET ADDRESS 7699 BISCAYNE BOULEVARD		1.3 STREET ADDRESS 15554 SW 113 ST	
CITY-ST-ZIP MIAMI, FL 33138		1.4 CITY-ST-ZIP MIAMI, FL 33196	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALACIO, FELIPE M.		2.2 NAME CHARLES METZGER	
STREET ADDRESS 7699 BISCAYNE BOULEVARD		2.3 STREET ADDRESS 3445 CHESTNUT	
CITY-ST-ZIP MIAMI, FL 33138		2.4 CITY-ST-ZIP DORAVILLE GA 30340	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GURDIAN, MANUEL R.		3.2 NAME ARMANDO REYES	
STREET ADDRESS 7699 BISCAYNE BOULEVARD		3.3 STREET ADDRESS 6022 SW 133 PL	
CITY-ST-ZIP MIAMI, FL 33138		3.4 CITY-ST-ZIP MIAMI, FL 33183	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **- TREASURER** **7/21/97** **305-764-3633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)