
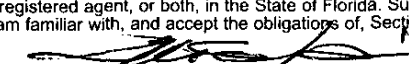


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90219 050 ***150.00

0203339

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S71189					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/06/1991 4. FEI Number 65-0401313 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ORDONEZ, JUAN B 15554 SW 113 ST. MIAMI FL 33196			10. Name and Address of New Registered Agent 81 Name FELIPE M. PALACIO 82 Street Address (P.O. Box Number is Not Acceptable) 7699 BISCAYNE BLVD. 83 84 City MIAMI, FL 85 Zip Code 33138		
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  (NOTE: Registered Agent signature required when reinstating) DATE 03/03/99 Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS TITLE P <input checked="" type="checkbox"/> DELETE NAME ORDONEZ, JUAN B STREET ADDRESS 15554 SW 113 ST CITY-ST-ZIP MIAMI FL 33196 TITLE S <input type="checkbox"/> DELETE NAME METZGER, CHARLES STREET ADDRESS 3445 CHESTNUT CITY-ST-ZIP DORAVILLE GA 30340 TITLE T <input type="checkbox"/> DELETE NAME REYES, ARMANDO STREET ADDRESS 6022 SW 133 PL CITY-ST-ZIP MIAMI FL 33183 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 FELIPE M. PALACIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 7699 BISCAYNE BLVD. 1.3 STREET ADDRESS MIAMI, FL 33138 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 type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/99 (305) 759-3633
Date Daytime Phone #

CR2E034 (11/98)