
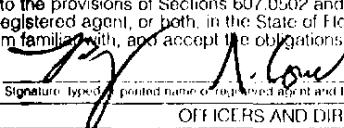


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S80773 (2) 1. Corporation Name AIB INSURANCE UNDERWRITERS, INC.			
Principal Place of Business 2500 NW 79 AVE CORAL GABLES FL 33122 US		Mailing Address 2500 NW 79 AVE CORAL GABLES FL 33122 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Miami, FL. 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Miami, FL. 29 Zip 30 Country	
3. Name and Address of Current Registered Agent LOPEZ, JORGE A. 2500 NW 79TH AVE. MIAMI FL 33122		3. Date Incorporated or Qualified 09/16/1991	
4. FET Number 65-0323687		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LOPEZ, JORGE A. 2500 NW 79TH AVE. MIAMI FL 33122		10. Name and Address of New Registered Agent 81 Name PERRY I. CONE 82 Street Address (P.O. Box Number is Not Acceptable) 2500 NW. 79th Avenue 83 84 City Miami 85 Zip Code 33122	
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  PERRY I. CONE 4/13/98		DATE 4/13/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE D NAME ALVAREZ, JOSE M. STREET ADDRESS 2500 NW 79 AVE CITY-ST-ZIP MIAMI FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2. TITLE PD NAME TOLOME0, RICHARD E STREET ADDRESS 1460 ROLLING OAKS DR CANTONMENT FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3. TITLE VD NAME SOTO, JOHN M. STREET ADDRESS 2500 NW 79 AVE CITY-ST-ZIP MIAMI FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4. TITLE TD NAME TORGAS, ED S STREET ADDRESS 2500 NW 79 AVE CITY-ST-ZIP MIAMI FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5. TITLE S NAME LOPEZ, JORGE A. STREET ADDRESS 2500 NW 79 AVE CITY-ST-ZIP MIAMI FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6. TITLE DV NAME FERNANDEZ, SERGIO STREET ADDRESS 2500 NW 79 AVE CITY-ST-ZIP MIAMI FL		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 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  SERGIO FERNANDEZ (Director)

4/13/98 (305) 715-0000
Ext. 3379

CR2E034 (10/97)