

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

FILED
Jan 28 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 # V18068

(9)

1. Corporation Name

STATEWIDE ADJUSTERS, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------------|--|---------------------|
| Principal Place of Business 2900 N.W. 109TH AVENUE MIAMI FL 33172 US | | Mailing Address 2900 N.W. 109TH AVENUE MIAMI FL 33172 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |
| 3. Date Incorporated or Qualified 03/02/1992 | | 4. FEI Number 65-0317746 | |
| 5. Certificate of Status Desired | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution | | \$8.75 Additional Fee Required | |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | 9. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| AVRACH, STEPHEN J. 2900 N.W. 109TH AVENUE MIAMI FL 33172 | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | PSD |
| NAME | VIVES, MARIO | 1.2 NAME | Vives, Mario |
| STREET ADDRESS | 2900 NW 109 AVE | 1.3 STREET ADDRESS | 2900 NW 109 Ave |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | Miami, FL. 33172 |
| TITLE | SD | 2.1 TITLE | VP-T-D |
| NAME | GREEN, THOMAS | 2.2 NAME | Jimenez, Omar |
| STREET ADDRESS | 2900 N.W. 109TH AVENUE | 2.3 STREET ADDRESS | 2900 NW 109 Ave |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | Miami, FL. 33172 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

MARIO VIVES 1/15/97 (305) 715-0090

CR2E034 (10/97)