

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V31560 (8)**

1. Corporation Name  
**SOUTH GENERAL INSURANCE UNDERWRITERS, INC.**



Principal Place of Business: **9200 S. DADELAND BLVD STE 725 MIAMI FL 33156 US**  
Mailing Address: **P.O. BOX 830070 MIAMI FL 33283 US**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]  
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **04/27/1992** 3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **65-0327553** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MARRERO, ALEX  
9300 S DADELAND BLVD  
SUITE 100  
MIAMI FL 33156**

10. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE: **PSD**  
2. NAME: **MARRERO, ALEX**  
3. STREET ADDRESS: **9200 S DADELAND BLVD STE 725**  
4. CITY, ST, ZIP: **MIAMI FL**  
5. TITLE: **TD**  
6. NAME: **MARRERO, ALEX**  
7. STREET ADDRESS: **9300 S DADELAND BLVD #100**  
8. CITY, ST, ZIP: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE:  Change  Addition  
2. NAME: \_\_\_\_\_  
3. STREET ADDRESS: \_\_\_\_\_  
4. CITY, ST, ZIP: \_\_\_\_\_  
5. TITLE:  Change  Addition  
6. NAME: \_\_\_\_\_  
7. STREET ADDRESS: \_\_\_\_\_  
8. CITY, ST, ZIP: \_\_\_\_\_  
9. TITLE:  Change  Addition  
10. NAME: \_\_\_\_\_  
11. STREET ADDRESS: \_\_\_\_\_  
12. CITY, ST, ZIP: \_\_\_\_\_  
13. TITLE:  Change  Addition  
14. NAME: \_\_\_\_\_  
15. STREET ADDRESS: \_\_\_\_\_  
16. 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. I am an officer or director of the corporation or a trustee or trusted employee 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 in an addendum with an address.

SIGNATURE: **ALEX MARRERO** 1-16-96 (305) 670-4105  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing

CR2E034 (12/95)