

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # V37635 (2)

95 APR 17 PM 11:12

1. Corporation Name
ONYX UNDERWRITERS, INC.

Principal Place of Business
**580 NW 165TH STREET ROAD
MIAMI FL 33169**

Mailing Address
**PO BOX 683780
MIAMI FL 33169
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/20/1992

3a. Date of Last Report
04/25/1994

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	Country
24	Country	29	Zip
25		30	Country

4. FEI Number
~~78-5037433~~ **65-0371337**

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. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FRAYND, PAUL 580 NW 165TH STREET ROAD MIAMI FL 33169				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, PAUL	1.2 NAME	
STREET ADDRESS	580 NW 165TH ST RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, SAUL	2.2 NAME	
STREET ADDRESS	580 NW 165TH RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, MARCOS	3.2 NAME	
STREET ADDRESS	580 NW 165TH RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, GLADYS	4.2 NAME	
STREET ADDRESS	580 NW 165TH RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	DT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, FANNY	5.2 NAME	
STREET ADDRESS	580 NW 165TH RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI FL	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; 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: _____ **04/11/95 (305) 945-9200**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #