

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **855267** (1)
1. Corporation Name
NATIONAL INSURANCE COMPANY



Principal Place of Business: **510 MUNOZ RIVERA AVENUE, SAN JUAN PR 00918, US**
Mailing Address: **P.O. BOX 366107, SAN JUAN PR 00936-6107, US**

3. Date Incorporated or Qualified: **01/17/1983**
3a. Date of Last Report: **03/20/1995**
4. FEI Number: **59-2584679**
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

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

9. Name and Address of Current Registered Agent
**COMMISSIONER OF INSURANCE, STATE OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ DATE: _____
Signature, typed or printed name of registered agent (and title if applicable) (by DTL Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BENITEZ, CARLOS M.	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-STATE-ZIP	HATO REY, P. R.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ALEJANDRO J.	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-STATE-ZIP	HATO REY, P. R.	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENITEZ, MARIA DE LOS A	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-STATE-ZIP	HATO REY, P. R.	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE GARCIA, MARIA JULIA C	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-STATE-ZIP	HATO REY, P. R.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRD, MODESTO	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-STATE-ZIP	HATO REY, P. R.	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENITEZ, CARLOS M., JR.	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-STATE-ZIP	HATO REY, P. R.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENITEZ DE RODRIGUEZ, GLORIA	
1.3 STREET ADDRESS	510 MUÑOZ RIVERA AVE.	
1.4 CITY-STATE-ZIP	HATO REY, P. R.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENITEZ DE RODRIGUEZ, ISABEL	
2.3 STREET ADDRESS	510 MUÑOZ RIVERA AVE.	
2.4 CITY-STATE-ZIP	HATO REY, P. R.	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BENITEZ, MARIA DE LOS A.	
3.3 STREET ADDRESS	510 MUÑOZ RIVERA AVE.	
3.4 CITY-STATE-ZIP	HATO REY, P. R.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BENITEZ, VIOLA R.	
4.3 STREET ADDRESS	510 MUÑOZ RIVERA AVE.	
4.4 CITY-STATE-ZIP	HATO REY, P. R.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BENITEZ DE TERRASSA, VIOLA	
5.3 STREET ADDRESS	510 MUÑOZ RIVERA AVE.	
5.4 CITY-STATE-ZIP	HATO REY, P. R.	
6.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BENITEZ, CARLOS M., JR.	
6.3 STREET ADDRESS	510 MUÑOZ RIVERA AVE.	
6.4 CITY-STATE-ZIP	HATO REY, P. R.	

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; 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: Feb. 8, 1996 (809) 758-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date De/Time Phone #

CR2E034 (12/95)

**NATIONAL INSURANCE COMPANY
FEI NUMBER 59-2584679**

1996 Annual Report - To form part of Block #12

<u>Title</u>	<u>Name of Officers and Directors</u>	<u>Street Address</u>
D	RIVERA MUÑOZ, FERNANDO	510 MUÑOZ RIVERA AVE. HATO REY, P. R. 00918
D	RAMOS GONZALEZ, VIRGILIO	510 MUÑOZ RIVERA AVE. HATO REY, P. R. 00918
D	VAZQUEZ SANTONI, FRANCISCO	510 MUÑOZ RIVERA AVE. HATO REY, P. R. 00918
D	REYES, MARGARITA	510 MUÑOZ RIVERA AVE. HATO REY, P. R. 00918
D	BENITEZ, CARMEN M.	510 MUÑOZ RIVERA AVE. HATO REY, P. R. 00918
