

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 JAUN PR 00936-6107 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1983

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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 **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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENITEZ, DERODRIQUEZ G	
STREET ADDRESS	510 MUNOZ RIVERIA AVENUE	
CITY-ST-ZIP	HATO REY P.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENITEZ, MARIA DE LOS A	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-ST-ZIP	HATO REY, P. R.	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE GARCIA, MARIA JULIA C	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-ST-ZIP	HATO REY, P. R.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRD, MODESTO	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-ST-ZIP	HATO REY, P. R.	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BENITEZ, CARLOS M., JR.	
STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-ST-ZIP	HATO REY, P. R.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENITEZ, VIOLA	
1.3 STREET ADDRESS	510 MUÑOZ RIVERA AVENUE	
1.4 CITY-ST-ZIP	HATO REY, PR 00918	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAMOS, VIRGILIO	
2.3 STREET ADDRESS	510 MUÑOZ RIVERA AVENUE	
2.4 CITY-ST-ZIP	HATO REY, PR 00918	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FERNANDO RIVERA MUÑOZ	
3.3 STREET ADDRESS	510 MUÑOZ RIVERA AVENUE	
3.4 CITY-ST-ZIP	HATO REY, PR 00918	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BENITEZ, DE RODRIGUEZ, GLORIA	
4.3 STREET ADDRESS	510 MUÑOZ RIVERA AVENUE	
4.4 CITY-ST-ZIP	HATO REY, PR 00918	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MILLAN, FREDERICK	
5.3 STREET ADDRESS	510 MUÑOZ RIVERA AVENUE	
5.4 CITY-ST-ZIP	HATO REY, PR 00918	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	REYES, MARGARITA	
6.3 STREET ADDRESS	510 MUÑOZ RIVERA AVENUE	
6.4 CITY-ST-ZIP	HATO REY, PR 00918	

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: *[Signature]* 2-6-98 (787) 758-0909

CR2E034 (10/97)