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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855267

1. Corporation Name
NATIONAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

510 MUNOZ RIVERA AVENUE
SAN JUAN PR 00918
US

P.O. BOX 366107
SAN JAUN PR 00936-6107
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1983

4. FEI Number

59-2584679

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMISSIONER OF INSURANCE, STATE OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 SD DELETE
NAME BENITEZ, DERODRIQUEZ G
STREET ADDRESS 510 MUNOZ RIVERIA AVENUE
CITY-ST-ZIP HATO REY P.

1.1 TITLE V Change Addition
1.2 NAME MILLAN, FREDERICK
1.3 STREET ADDRESS 510 MUÑOZ RIVERA AVE
1.4 CITY-ST-ZIP HATO REY PR 00918

TITLE D DELETE
NAME BENITEZ, MARIA DE LOS A
STREET ADDRESS 510 MUNOZ RIVERA AVE.
CITY-ST-ZIP HATO REY, P. R.

2.1 TITLE D Change Addition
2.2 NAME RIVERA MUÑOZ, FERNANDO
2.3 STREET ADDRESS 510 MUÑOZ RIVERA AVE
2.4 CITY-ST-ZIP HATO REY PR 00918

TITLE TD DELETE
NAME DE GARCIA, MARIA JULIA C
STREET ADDRESS 510 MUNOZ RIVERA AVE.
CITY-ST-ZIP HATO REY, P. R.

3.1 TITLE D Change Addition
3.2 NAME RAMOS GONZALEZ, VIRGILIO
3.3 STREET ADDRESS 510 MUÑOZ RIVERA AVE
3.4 CITY-ST-ZIP HATO REY PR 00918

TITLE D DELETE
NAME BIRD, MODESTO
STREET ADDRESS 510 MUNOZ RIVERA AVE.
CITY-ST-ZIP HATO REY, P. R.

4.1 TITLE D Change Addition
4.2 NAME REYES, MARGARITA
4.3 STREET ADDRESS 510 MUÑOZ RIVERA AVE
4.4 CITY-ST-ZIP HATO REY PR 00918

TITLE CPD DELETE
NAME BENITEZ, CARLOS M., JR.
STREET ADDRESS 510 MUNOZ RIVERA AVE.
CITY-ST-ZIP HATO REY, P. R.

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME BENITEZ, VIOLA
STREET ADDRESS 510 MUNOZ RIVERA AVE
CITY-ST-ZIP HATO REY PR 00918

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Frederick Millan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

787-758-0909 x-3327

Daytime Phone #

CR2E034 (1/98)