2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUI					Form Constitution of the C								
NATIONA	IL INSUR	ANCE COMPANY						06 OCT 18 AM 10: 38					
Principal Place of Business Mailing Address									LECKLIAR NELAHASS	TOF S	STATE		
•		•	_	238 PALERMO AVE.					TELAHASS	SEE.FL	.ORIDA		
238 PALERMO AVE. 238 PALERMO AVE. CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134													
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Principal Place of Business 3. Mailing Address													
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					09282006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State					4. FEI Numbe 59-258			—	plied For t Applicable	
Zip	Zip Country		Zip Cou		Country	ntry		5. Certificate	of Status Desired		\$8.75 Add		
 -	6. Name	and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent						
											-		
CHIEF FIN				Street Address			P.O. Box Number	er is Not Acceptable	9)				
200 E. GA		32399-0000											
17 (2.25 (17)	3022,72	02000 0000				City				FL	Zip Cod	e	
8. The above agreed path, as both this state and for the current of the current o							onietor	ed agent or bo	th in the State of Flo		familiar with	and accept	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE	SIGNATURE Supervise project or printed name of registered agent and title if gookcable (NOTE, Registered Agent signature required when reinstating) OATE												
Signature, typed or printed name of registered agent and bitle if applicable (NOTE, Registered Agent signature required when reinstating) DATE													
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS AND	DIRECTORS 11.						CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE SD			Delete TITLE NAM SIRE CITY			1	D		,EDUARDO	4 5777	Change	Addition	
NAME CRUZ, RAMON									NOZ RIVERA				
STREET ADDRESS 510 MUNOZ RIVERIA AVENUE CITY-ST-ZIP HATO REY, PR 00918						DDAESS -Zip		HATO R	EY PR 0091	18			
TITLE	D	· · · · · · · · · · · · · · · · · · ·	☐ Delete TITE				D		Z, JORGE I	3	☐ Change	Addition	
NAME				NA					LERMO AVE				
STREET ADDRESS CITY-ST-ZIP	1	OZ RIVERA AVE. EY, PR 00918			STREET AL	i		CORAL GABLES FL 33134					
TITLE	TD	<u> </u>		Delete 1111L)		YN, EDGARI		☐ Change	Addition	
NAME				NA NA				510 MU	NOZ RIVERA	A AVE			
STREET ADDRESS 510 MUNOZ RIVERA AVE.						T ADDRESS			EY PR 0091				
CITY-ST-ZIP	HATO RE	Y, PR 00918	<u>_</u>		CITY-ST-	-ZIP		DAMA	DUBEDAN		☐ Change	Addition	
NAME REYES, MARGARITA STREET ADDRESS 510 MUNOZ RIVERA AVE. CITY-ST-ZIP HATO REY, PR 00918				NAME	۳	,		ROBERTO LERMO AVE		onange	LA AUUITUI		
						REET ADDRESS				22127			
					CITY-ST-			CORAL GABLES FL 33134					
NAME	RITLE CPD NAME BENITEZ, CARLOS M., JR.			Delete	TITLE NAME	jo).		CUEZ, ANDRI		☐ Change	Addition	
STREET ADDRESS 510 MUNOZ RIVERA AVE.			9			NOORESS			NOZ RIVER				
CITY-ST-ZIP				CITY				нато н	EY PR 009	18			
TITLE D NAME BENITEZ, VIOLA STREET ADDRESS 510 MUNOZ RIVERA AVE				TITLE							Addition		
								100080965791					
						T ADDRESS		10/18/0601053017 **61.25				<u>?</u> 5	
CITY-SI-ZIP HATO REY, PR 00918 CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP												_	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if													
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Plorida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: 10/12/06													
JIGHA	- OKE	SIGNATURE AND TYPED OR	PRINTED NAMED	F SIGNING OFFICER	OR DIRECTOR	1			Date		Daytene Phone e		

je 10/24