


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90022 049 ***158.75

DOCUMENT # J85165
 1. Entity Name
AMSTAR INSURANCE COMPANY



Principal Place of Business 6101 BLUE LAGOON DRIVE 200 MIAMI, FL 33126	Mailing Address 6101 BLUE LAGOON DRIVE 200 MIAMI, FL 33126
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0156603	Applied For Not Applicable
Zip	Country	Zip	Country



04122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DE ZARRAGA, GASTON S	
STREET ADDRESS	8202 LOS PINOS CIRCLE	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	DC	<input type="checkbox"/> Delete
NAME	FERNANDEZ-SILVA, JORGE	
STREET ADDRESS	8041 SW 54 COURT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HUERTAS, ANTONIO	
STREET ADDRESS	CONDO. CONDADO PRINCESS #301	
CITY-ST-ZIP	SAN JUAN, PR 00907	
TITLE	DEV	<input type="checkbox"/> Delete
NAME	TAMAYO, JAIME	
STREET ADDRESS	310 REDWOOD LANE	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAGAN, JOSE V	
STREET ADDRESS	EDF. MAPFRE, AVE. CHARDON #7	
CITY-ST-ZIP	HATO REY, PR 00918	
TITLE	DEV	<input checked="" type="checkbox"/> Delete
NAME	NAVARRO, JORGE J	
STREET ADDRESS	6101 BLUE LAGOON DR., #200	
CITY-ST-ZIP	MIAMI, FL 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ-SILVA, JORGE	
STREET ADDRESS	8041 SW 54 COURT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, JAIME	
STREET ADDRESS	6101 BLUE LAGOON DR, #200	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRASA, JUAN A	
STREET ADDRESS	JARDINES DE VEDRUNA 9	
CITY-ST-ZIP	SANTA MARIA, SAN JUAN, PR 00928	

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/12/04 DAYTIME PHONE: 305-5072126