

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J85204** (2)

1. Corporation Name
CONSOLIDATED PROPERTY & CASUALTY INSURANCE COMPA NY



Principal Place of Business: **901 PONCE DE LEON BLVD SUITE 101 CORAL GABLES FL 33134**
Mailing Address: **901 PONCE DE LEON BLVD SUITE 101 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified 11/17/1988	3a. Date of Last Report 04/25/1995
4. FEI Number 65-0131982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOT REQUIRED PURSUANT TO SECTION 607.034 (2) FLORIDA STATUTES FL

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	DSV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTON, MARIA D C.	1.2 NAME	
STREET ADDRESS	901 PONCE DE LEON #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSIANI, GUSTAVO M.	2.2 NAME	DC
STREET ADDRESS	901 PONCE DE LEON #101	2.3 STREET ADDRESS	CARLOS MONIZ ROCHA
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	901 PONCE DE LEON #101
TITLE	DP <input type="checkbox"/> DELETE	2.5 CITY-ST-ZIP	CORAL GABLES, FL
NAME	NAVARRO, JORGE J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	901 PONCE DE LEON #101	3.2 NAME	
CITY-ST-ZIP	CORAL GABLES FL	3.3 STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME	FERNANDEZ, VARELA ANGEL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	900 WEST 49 STREET	4.2 NAME	D
CITY-ST-ZIP	HIALEAH FL	4.3 STREET ADDRESS	MARIA CRISTINA NAVARRO
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	901 PONCE DE LEON #101
NAME	DIEZ, MARIO E	4.5 CITY-ST-ZIP	CORAL GABLES, FL
STREET ADDRESS	900 WEST 49 STREET	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	HIALEAH FL	5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: *Maria del C Fenton - MARIA de l C Fenton* 4/16/96 (305)529-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)