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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 33134-3073

3. Date Incorporated or Qualified: 11/17/1988  
3a. Date of Last Report: 04/23/1996  
4. FEI Number: 65-0131982  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: NOT REQUIRED PURSUANT TO SECTION 607.034 (2) FLORIDA STATUTES FL

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DSV	<input type="checkbox"/> DELETE
NAME	FENTON, MARIA D C.	
STREET ADDRESS	901 PONCE DE LEON #101	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	CARLOS MONIZ ROCHA	
STREET ADDRESS	901 PONCE DE LEON #101	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NAVARRO, JORGE J.	
STREET ADDRESS	901 PONCE DE LEON #101	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARIA CRISTINA NAVARRO	
STREET ADDRESS	901 PONCE DE LEON #101	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIEZ, MARIO E	
STREET ADDRESS	900 WEST 49 STREET	
CITY - ST - ZIP	HIALEAH FL	
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	WILLIAM R. PHELAN	
1.3 STREET ADDRESS	901 Ponce de Leon #101	
1.4 CITY - ST - ZIP	Coral Gables, FL 33134	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ricardo A. Carbonell	
2.3 STREET ADDRESS	901 Ponce de Leon #101	
2.4 CITY - ST - ZIP	Coral Gables, FL 33134	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 a address.

SIGNATURE: Maria del C Fenton 4/22/97 305-529-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)