2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J85204

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

04-15-2004 90022 048 ***158.75

1. Entity Nan MAPFRE	ne EINSURANCE COMPANY OI	FFLORIDA		
Principal Place of Business 6101 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL 33126 US		Mailing Address 6101 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL 33126 US		94052153
2. Principal f	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122004 Chg-P CR2E034 (10/03)
City & Sta	te	City & State		4. FEI Number Applied For 65-0131982 Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST TALLAHASSEE, FL 32399			Street Ad	Address (P.O. Box Number is Not Acceptable)
the obligation of the obligati	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and the statement for the stateme	d title if applicable. (NOTE:	Registered Agent signatu	or registered agent, or both, in the State of Flor.da. I am familiar with, and accept lature required when reinstating) \$5.00 May Be Added to Fees
10.	OFFICERS AND D	IDECTABE	1 44	ADDITIONS (ALLANOSO TO ASSISTED AND ASSISTED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FERNANDEZ-SILVA, JORGE 8041 S.W. 54TH CT. MIAMI, FL	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Addition FERNANDEZ-SILVA, JORGE 8041 S.W. 54TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUERTAS, ANTONIO CONDO. CONDADO PRINCESS # SAN JUAN, PR 00907	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV NAVARRO, JORGE J. 6101 BLUE LAGOON DR., #200 MIAMI, FL 33126	Z¥ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change Addition TERRASA, JUAN A. JARDINES DE VEDRUNA 9 SANTA MARIA, SAN JUAN, PR 00928
TITLE Name Street address City-St-Zip	DEV TAMAYO, JAIME A 310 REDWOOD LANE KEY BISCAYNE, FL 33149	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV X Change Addition TAMAYO, JAIME A. 6101 BLUE LAGOON DR, SUITE 200 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGAN, JOSE V EDF. MAPFRE, AVE. CHARDON # HATO REY, PR 00918	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA, GASTON SR 8202 LOS PINOS CIRCLE CORAL GABLES, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby o	certify that the information supplied with th	is filing does not qualify for t	he exemption state	ated 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 305-5072176
Data Daytima Phone #