

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 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 # J88717 (0)

1. Corporation Name:

MAPFRE CORPORATION OF FLORIDA, INC.

Principal Place of Business:

3401 N. W. 82ND AVENUE
SUITE 100
MIAMI FL 33122

Mailing Address:

3401 N. W. 82ND AVENUE
SUITE 100
MIAMI FL 33122-1052



2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/21/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

58-1758351

Appl

Not /

5. Certificate of Status Desired

☐

\$8.75 Ac

Fee Req

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

9. Name and Address of Current Registered Agent

FERNANDEZ-SILVA, JORGE
3401 N. W. 82ND AVENUE
SUITE 100
MIAMI FL 33122

10. Name and Address of New Registered Agent

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, favorably, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Corporation Officer or Director)

(Signature of Registered Agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3	12.4	12.5	12.6	12.7	12.8	12.9	12.10	12.11	12.12	12.13	12.14	12.15	12.16	12.17	12.18	12.19	12.20	12.21	12.22	12.23	12.24	12.25	12.26	12.27	12.28	12.29	12.30	
NAME	D	ARMADA, ALVARO																												
STREET ADDRESS	PASEO DE RECOLETOS 25																													
CITY-STATE-ZIP	MADRID, SPAIN																													
TITLE	D																													
NAME	FERNANDEZ-LAYOS, JUAN																													
STREET ADDRESS	PASEO DE RECOLETOS 25																													
CITY-STATE-ZIP	MADRID, SPAIN																													
TITLE	D																													
NAME	SUGRANYES, DOMINGO																													
STREET ADDRESS	PASEO DE RECOLETOS 25																													
CITY-STATE-ZIP	MADRID, SPAIN																													
TITLE	VT																													
NAME	FERNANDEZ-SILVA, JORGE																													
STREET ADDRESS	8041 SW 54TH CT																													
CITY-STATE-ZIP	MIAMI FL																													
TITLE	V																													
NAME	FREYRE, ERNESTO																													
STREET ADDRESS	8840 SW 97TH TERR																													
CITY-STATE-ZIP	MIAMI FL																													
TITLE	S																													
NAME	FREYRE, PEDRO A																													
STREET ADDRESS	8541 SW 72 TERR																													
CITY-STATE-ZIP	MIAMI FL																													

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3	13.4	13.5	13.6	13.7	13.8	13.9	13.10	13.11	13.12	13.13	13.14	13.15	13.16	13.17	13.18	13.19	13.20	13.21	13.22	13.23	13.24	13.25	13.26	13.27	13.28	13.29	13.30
1.1 TITLE																													
1.2 NAME																													
1.3 STREET ADDRESS																													
1.4 CITY-STATE-ZIP																													
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6.1 TITLE																													
6.2 NAME																													
6.3 STREET ADDRESS																													
6.4 CITY-STATE-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 provided 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 of this filing.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF FILING OFFICER OR DIRECTOR

[Signature]
PEDRO A. FREYRE

(305) 477-5552

CR2E034 (9/96)

MAPPRE CORPORATION OF FLORIDA, INC. (CONT'D)

DC

MARTINEZ, JOSE M.
PASEO DE RECOLETOS, 25
MADRID, SPAIN

D

MIRA, FILOMENO C.
PASEO DE RECOLETOS, 25
MADRID, SPAIN

D

MANZANO, ALBERTO
PASEO DE RECOLETOS, 25
MADRID, SPAIN

P/AT

PALACIOS, JAVIER A.
PASEO DE RECOLETOS, 25
MADRID, SPAIN

D

MESQUITA, CARLOS
PASEO DE RECOLETOS, 25
MADRID, SPAIN

D

ROCA, RAFAEL A.
ESQUINA CESAR GONZALEZ, EDIF #7
HATO REY, PR 00918