


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

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # J88717

1. Corporation Name
MAPFRE CORPORATION OF FLORIDA, INC.



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| 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 |
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DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 08/21/1987 | |
| 4. FEI Number 58-1758351 | Applied For <input type="checkbox"/> No: Applicable |
| 5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 |

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| 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 |
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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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARMADA, ALVARO | 1.2 NAME | MANZANO, ALBERTO |
| STREET ADDRESS | PASEO DE RECOLETOS 25 | 1.3 STREET ADDRESS | PASEO DE RECOLETOS, 25 |
| CITY-ST-ZIP | MADRID, SPAIN | 1.4 CITY-ST-ZIP | MADRID, SPAIN |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | FILOMENO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIRA, FILOMENA C. | 2.2 NAME | |
| STREET ADDRESS | PASEO DE RECOLETOS 25 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MADRID, SPAIN | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SUGRANYES, DOMINGO | 3.2 NAME | MARTINEZ, JOSE M. |
| STREET ADDRESS | PASEO DE RECOLETOS 25 | 3.3 STREET ADDRESS | PASEO DE RECOLETOS, 25 |
| CITY-ST-ZIP | MADRID, SPAIN | 3.4 CITY-ST-ZIP | MADRID, SPAIN |
| TITLE | DVT <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERNANDEZ-SILVA, JORGE | 4.2 NAME | ROCA, RAFAEL A. |
| STREET ADDRESS | 8041 SW 54TH CT | 4.3 STREET ADDRESS | ESQ. CESAR GZLZ-EDIF 7 |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | HATO REY PR 00918 |
| TITLE | DV <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREYRE, ERNESTO | 5.2 NAME | |
| STREET ADDRESS | 8840 SW 97TH TERR | 5.3 STREET ADDRESS | 9040 SW 78 CT |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREYRE, PEDRO A | 6.2 NAME | |
| STREET ADDRESS | 8541 SW 72 TERR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 305 477-5552
Date Daytime Phone #

CR2E034 (11/98)