

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88717

1. Entity Name

MAPFRE CORPORATION OF FLORIDA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90254 050 ***150.00

C0065351



DO NOT WRITE IN THIS SPACE

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	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 58-1758351	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent FERNANDEZ-SILVA, JORGE 3401 N. W. 82ND AVENUE SUITE 100 MIAMI FL 33122
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMADA, ALVARO PASEO DE RECOLETOS 25 MADRID, SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANZANO, ALBERTO PASEO DE RECOLETOS 25 MADRID, SPAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILOMENO, MIRA 9040 SW 78 CT. MADRID, SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASEO DE RECOLETOS 25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGRANYES, DOMINGO PASEO DE RECOLETOS 25 MADRID, SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MARTINEZ, JOSE M. PASEO DE RECOLETOS 25 MADRID, SPAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FERNANDEZ-SILVA, JORGE 8041 SW 54TH CT MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREYRE, ERNESTO 8840 SW 97TH TERR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9040 SW 78 CT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FREYRE, PEDRO A 8541 SW 72 TERR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO A. FREYRE 4/12/00 305 477-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #