

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # J88717

1. Entity Name
MAPFRE U.S.A. CORP.



Principal Place of Business
**5959 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126**

Mailing Address
**5959 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126**



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1758351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAMAYO, JAIME
5959 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUERTAS, ANTONIO
STREET ADDRESS CONDO. CONDADO PRINCESS #301
CITY-ST-ZIP SAN JUAN, PR

TITLE PCEO
NAME TAMAYO, JAIME
STREET ADDRESS 5959 BLUE LAGOON DRIVE # 400
CITY-ST-ZIP MIAMI, FL 33126

TITLE T
NAME FENTON, MARIA DEL CARMEN
STREET ADDRESS 5959 BLUE LAGOON DR., SUITE 400
CITY-ST-ZIP MIAMI, FL 33126

TITLE D
NAME FERNANDEZ-SILVA, JORGE
STREET ADDRESS 8041 SW 54TH CT
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME DE ZARRAGA, GASTON S
STREET ADDRESS 8202 LOS PINOS CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE D
NAME FANTIS, DENNIS MCNAIR
STREET ADDRESS 5959 BLUE LAGOON DRIVE # 400
CITY-ST-ZIP MIAMI, FL 33126

000000747927
05/17/07-80046-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Maria del Carmen Fenton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 305-529-2000
Date Daytime Phone #