

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K14482

1. Entity Name

MAPFRE INSURANCE COMPANY OF AMERICA, INC.

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

04-18-2000 90254 049 \*\*\*150.00

Principal Place of Business	Mailing Address
3401 NW 82 AVE SUITE 100 MIAMI FL 33122	3401 NW 82 AVE 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



DO NOT WRITE IN THIS SPACE

4. FEI Number	58-1878046	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL	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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRASSA, JUAN A. ESQUINA CESAR GONZALEZ, EDI #7 HATO REY PR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA SR, G. 8202 LOS PINOS CIR CORAL GABLES, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS FREYRE, PEDRO A 8541 SW 72 TERR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAON, ALBERTO 124TH SW 21 LANE MIAMI FL 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOP, JUAN AVDA DIAGONAL 579-PL 10 BARCELONA SP <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-CASTELLON, G. AV. BLASCO IBANEZ, 2 VALENCIA, SPAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FREYRE, ERNESTO JR 8840 SW 97TH TERR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9040 SW 78 CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAW, PETER W 327 LAKE CREST CT FT LAUDERDALE FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE VEGA, PRIMITIVO CLAUDIO COELLO, 123 28006 MADRID, SPAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, SILVA JORGE 8041 SW 54TH CT MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YAU, MICHAEL W. 7200 SW 131 ST. MIAMI FL 33143 <input type="checkbox"/> Change <input checked="" 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 305477-5552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAPFRE INSURANCE COMPANY OF AMERICA, INC.  
ATTACH. CO065352 - 2-  
# K 14482  
(CON'D)

V  
LEE, STEWART O.  
953 NW 168 AVE.  
PEMBROKE PINES, FL

V  
MARXUACH, RAUL J.  
3561 SW 142 AVE.  
MIRAMAR, FL

AV  
DIANE M. DEPPEN  
13940 SW 91 TERR  
MIAMI FL 33186