FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

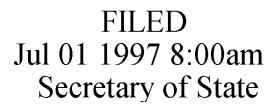
Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address





3880 S.W. BTH ST., #200 MIAMI FL 33134		3890 S.W. BTH ST., #200 MIAMI FL 33134-3011			
				3. Date incorporated or Qualified 05/21/1969	3a. Date of Last Report 06/03/1996
2. Principal Place of Business	2a. Mailing	2a. Mailing Address		4. FEI Number	Applied For
21	26			59-1545691	Not Applicable
Suite, Apt. #, etc.	— — ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	27 City &	City & State			Fee Required
23	28	Olato		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	ountry Zip	Cou	intry	This corporation has liability for in	
24 25	29	30		Florida Statutes	Yes No
9. Name and A	ddress of Current Registered A	gent		10. Name and Address of New Reg	istered Agent
FERNANDEZ, MARY 8: 7490 W. PLAGLER ST MIAMI FL 33134			82 Street Add	EDRO M. GALLING dress (P.O. Box Number is Not Acceptable 432 W. 49	e)
•			84 City 🞢	HALOAH	FL 85 Zip Code 2
SIGNATURE	Sections 617.0502 and 617.1508 holh, in the State of Florida, Such accept the obligations of Section Communications of Section 2015 and Sectio	P. OA	MAA	rporation submits this statement for the puation's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
12.	OFFICERS AND DIRECTORS	13.	o Agent signato e requ	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE PD		DELETE 1,1 TI	TLE	RODOLFO VALOGS	
NAME FERNANDEZ;	MARY-B.	1.2 N/	LAIF	-	•
STREET ADDRESS 7490 W. FLAG	N LER -ST.	1.3 \$1		3860 S.W. 8 ST #	
CITY-ST-ZIP MIAMI FL	<u> </u>		TY-\$T-ZIP	MIAMI FL 39134	:
TITLE SD		DELETE 2.1 TI		50	☐ Change ☐ Addition
NAME MANAGE ALL				OCTAVIO TORRES	
STREET ADDRESS 8109 20 PM	MAT			4315 PALM AUE HIALGAH FL 33010	
CITY-ST-ZIP MORTHWARDS	 	2 4 C DELETE 3.1 TIT		HINCHON F- 33011	Change Addition
NAME RODRIGUEZ, I	ORETTA	32 NA			Change & Addition
STREET ADDRESS 1441 W. FLAG		•	REET ADDRESS		
CITY-ST-ZIP MIAMI FL			ITY-ST-ZIP		
TITLE		☐ DELETE 4.1 TIT	ru t	T .	Change Addition
NAME BRUZON, CAR	ILOS	4. 2 N		PAUL BARRIOS	
STREET ADDRESS 4482-W. 49TH	• •	4.3 ST	REET ADDRESS /	18314 N.W. 7 AVE	
CITY-ST-ZIP HIALEAH FL	- ·· · · · · · · · · · · · · · · · ·			MIDMI FL	
TITLE		DELETE 5.1 TIT		ROUT ARRIVE	Change Addition
NAME BRUZO	n OARLOS	5.2 NA		BRUZON LARLOS 432 W. 49 ST	
STREET ADDRESS CITY-ST-ZIP	N CARLOS V. 49 ST IAH FL 33017	5.3 ST		432 W. 49 ST 41ALEAH FL 33012	_
TITLE	AH FL DOVI	DELETE 6.1 III		· ///	Change Addition
NAME		62 NA			C Surando C vodition
STREET ADDRESS			REET ADDRESS		į
CITY-ST-ZIP			TY-ST-ZIP		
44 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4					

e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the accurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 617, Florida Statutes; and that my name I do hereby certify that the information supplied with this filing does no information indicated on this annual report or supplemental annual report of supplemental annual report of the receiver or truster appears in Block 12 or Block 13 if changed on an attachment with