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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716591 (3)

1. Corporation Name
LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF FLORIDA, INC.



Principal Place of Business 3880 S.W. 8TH ST., #200 MIAMI FL 33134	Mailing Address 3880 S.W. 8TH ST., #200 MIAMI FL 33134-3011
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3. Date Incorporated or Qualified 05/21/1969	3a. Date of Last Report 06/03/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1545691	Applied For <input type="checkbox"/> Not 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERNANDEZ, MARY B.
7400 W. FLAGLER ST
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name PEDRO M. GALLINAR
82 Street Address (P.O. Box Number is Not Acceptable) 1432 W. 49 ST
83
84 City HIALEAH
85 State FL
86 Zip Code 33012

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **P. GALLINAR** **4/24/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME FERNANDEZ, MARY B.	
STREET ADDRESS 7400 W. FLAGLER ST.	
CITY-ST-ZIP MIAMI FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME ANIBAL VALDES DIAZ	
STREET ADDRESS 3880 S.W. 8TH ST	
CITY-ST-ZIP MIAMI FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME RODRIGUEZ, LORETTA	
STREET ADDRESS 1441 W. FLAGLER ST	
CITY-ST-ZIP MIAMI FL	
TITLE T	<input type="checkbox"/> DELETE
NAME BRUZON, CARLOS	
STREET ADDRESS 1432 W. 49TH ST	
CITY-ST-ZIP HIALEAH FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME BRUZON CARLOS	
STREET ADDRESS 1432 W. 49 ST	
CITY-ST-ZIP HIALEAH FL 33012	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME RODOLFO VALDES DIAZ	
1.3 STREET ADDRESS 3880 S.W. 8 ST #200	
1.4 CITY-ST-ZIP MIAMI FL 33134	
2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME OCTAVIO TORRES	
2.3 STREET ADDRESS 4375 PALM AVE	
2.4 CITY-ST-ZIP HIALEAH FL 33010	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME PAUL BARRIOS	
4.3 STREET ADDRESS 18314 N.W. 7 AVE	
4.4 CITY-ST-ZIP MIAMI FL	
5.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME BRUZON CARLOS	
5.3 STREET ADDRESS 1432 W. 49 ST	
5.4 CITY-ST-ZIP HIALEAH FL 33012	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **4-25-97** **3880 S.W. 8TH ST**

CR2E037 (9/96)