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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716591

1. Corporation Name

**LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES
OF FLORIDA, INC.**

Principal Place of Business

7370 NW 36TH STREET
220-I
MIAMI FL 33166
US

Mailing Address

3860 S.W. 8TH ST., #200
MIAMI FL 33134



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

05/21/1969

4. FEI Number

59-1545691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GALLINAR, PEDRO M
1432 W 49 ST
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

6701 SUNSET DRIVE
STE. 100

84 City

MIAMI

FL

85 Zip Code

33143

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
CORREA, JENNY
STREET ADDRESS 7370 NW 36TH ST, #220-I
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE
NAME D
TORRES, OCTAVIO
STREET ADDRESS 4375 PALM AVE
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE
NAME T
SARDINAS, ANGEL
STREET ADDRESS 1432 W 49TH STREET
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE
NAME S
BARRIOS, PAUL
STREET ADDRESS 18314 NW 7 AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME D
BRUZON, CARLOS
STREET ADDRESS 1432 W 49 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-8-99 305 477-1442

CR2E037 (1/98)