

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2004
Secretary of State**

DOCUMENT# 716591

Entity Name: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2550 NW 72 AVE
318
MIAMI, FL 33122 US

Current Mailing Address:

P.O. BOX 520844
MIAMI, FL 33152

New Mailing Address:

FEI Number: 59-1545691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLINAR, PEDRO M
6701 SUNSET DR
STE 100
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORO, ANGEL
Address: 10201 HAMMOCKS BLVD
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: SUANEZ-RESNICK, DULLE
Address: 7950 NW 53 CT
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: ARVANIZ, MARION
Address: 1000 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: DIAZ, LUIS
Address: 9786 SW 3 ST
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAPTISTA, DANIEL
Address: 1370 W FLAGLER ST
City-St-Zip: MIAMI, FL 33135

Title: VD (X) Change () Addition
Name: ALVAREZ, MARCOS
Address: 9301 SW 56 ST
City-St-Zip: MIAMI, FL 33165

Title: SD (X) Change () Addition
Name: BELLOSO, MARIA
Address: 17012 NW 66 CT
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL BAPTISTA

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date