

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716591

FILED
Feb 15, 2010
Secretary of State

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

Current Principal Place of Business:

% FERNANDEZ-BERGNES & ASSC PA
7490 WEST FLAGLER STREET
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

PO 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:

FERNANDEZ-BERGNES & ASSOC PA
7490 WEST FLAGLER ST.
MIAMI, FL 33144 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: P
Name: MIER, JOE
Address: P.O. BOX 520844
City-St-Zip: MIAMI, FL 33152

Title: VP
Name: MONNAR, CHRISTIAN
Address: P.O. BOX 520844
City-St-Zip: MIAMI, FL 33152

Title: T
Name: DOPAZO, ALEXANDER
Address: P.O. BOX 520844
City-St-Zip: MIAMI, FL 33144

Title: S
Name: MARTELY, TONY
Address: P.O. BOX 520844
City-St-Zip: MIAMI, FL 33144

I hereby 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 all other like empowered.

SIGNATURE: JOE MIER

P

02/15/2010

Electronic Signature of Signing Officer or Director

Date