

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 716591

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

**Current Principal Place of Business:**

3710 SWALLOWTAIL TRACE  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

1825 PONCE DE LEON BLVD  
UNIT 483  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-1545691

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE 2ND FL  
TALLAHASSEE, FL 32301 US

*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:** DELANIE CASE

04/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEREZ, LISSETTE  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            DELGADO, LISETTE  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            DOMINGUEZ, JULIO  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            ALMOLDA, MARIA  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

*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:** LISSETTE PEREZ

PRESIDENT

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date