

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716591

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

FILED
Apr 07, 2016
Secretary of State
CC7674376179

Current Principal Place of Business:

7400 W FLAGLER ST
MIAMI, FL 33144

Current Mailing Address:

PO BOX 520844
MIAMI, FL 33152

FEI Number: 59-1545691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ-BERGNE & ASSOC PA
7400 W FLAGLER ST
MIAMI, FL 33144 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PENA, JORGE
Address P.O. BOX 520844
City-State-Zip: MIAMI FL 33152

Title VP
Name GIL, DAVID
Address P.O. BOX 520844
City-State-Zip: MIAMI FL 33152

Title S
Name FISK, MARIA
Address P.O. BOX 520844
City-State-Zip: MIAMI FL 33152

Title T
Name PEREZ, JEREMIAH
Address POST OFFICE BOX 520844
City-State-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: JORGE PENA

P

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date