

**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-BERGNES & 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