

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716591

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

**FILED
Apr 06, 2017
Secretary of State
CC3928774387**

Current Principal Place of Business:

7400 W FLAGLER ST
MIAMI, FL 33144

Current Mailing Address:

PO BOX 520844
MIAMI, FL 33152 US

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 REJON, SEBASTIAN
Address PO BOX 520844
City-State-Zip: MIAMI FL 33152

Title V
Name PEREZ, JEREMIAH
Address PO BOX 520844
City-State-Zip: MIAMI FL 33152

Title T
Name FISK, MARIA
Address PO BOX 520844
City-State-Zip: MIAMI FL 33152

Title S
Name PEREZ, LISSETTE
Address PO BOX 520844
City-State-Zip: MIAMI FL 33152

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: SEBASTIAN REJON

P

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date