

2019 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:

PO BOX 520844
MIAMI, FL 33152 US

FEI Number: 59-1545691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 E. PARK AVENUE
2ND FLOOR
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: KIM TADLOCK, ASSISTANT SECRETARY

11/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name PEREZ, JEREMIAH
Address P.O. BOX 520844
City-State-Zip: MIAMI FL 33152

Title PRESIDENT ELECT
Name PEREZ, LISSETTE
Address P.O. BOX 520844
City-State-Zip: MIAMI FL 33152

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

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

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

Title S
Name DELGADO, 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: MARIA FISK

PRESIDENT

11/21/2019

Electronic Signature of Signing Officer/Director Detail

Date