

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716591

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

**FILED**  
**Mar 26, 2019**  
**Secretary of State**  
**5542037153CC**

**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	PRESIDENT	Title	VICE-PRESIDENT
Name	PEREZ, JEREMIAH	Name	PEREZ, LISSETTE
Address	PO BOX 520844	Address	PO BOX 520844
City-State-Zip:	MIAMI FL 33152	City-State-Zip:	MIAMI FL 33152

Title	TREASURER	Title	SECRETARY
Name	DELATORRE, DEVIN	Name	VILA, MARIA
Address	PO BOX 520844	Address	PO BOX 520844
City-State-Zip:	MIAMI FL 33152	City-State-Zip:	MIAMI FL 33152

Title	IMMEDIATE PAST PRESIDENT	Title	PRESIDENT ELECT
Name	GIL, DAVID	Name	FISK, MARIA
Address	P.O. BOX 520844	Address	P.O. BOX 520844
City-State-Zip:	MIAMI FL 33152	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: JEREMIAH PEREZ**

**P**

**03/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date