

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716591

Entity Name: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES,
NATIONAL ASSOCIATION, INC.**FILED**
Apr 27, 2023
Secretary of State
7901621565CC**Current Principal Place of Business:**3710 SWALLOTAIL TRACE
TALLAHASSEE, FL 32309**Current Mailing Address:**1825 PONCE DE LEON BOULEVARD
MIAMI, FL 33134**FEI Number: 59-1545691****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	NARANJO, JAVIER
Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	SANDERS, BARRY
Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	MORENA, SHELBY
Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	GINDEN, DANIEL
Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	BLANCO, ENRIQUE PEREZ
Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134

Title	VICE PRESIDENT
Name	LEWIS, ROBIN
Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	PADRON, JUAN CARLOS DIAZ
Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	MENDEZ, AL
Address	1825 PONCE DE LEON BOULEVARD
City-State-Zip:	MIAMI FL 33134

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: JAVIER NARANJO**PRESIDENT****04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date