GNATURE JUAN CARLOS DIAZ PADRON	

DOCUMENT# 716591

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

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3710 SWALLOTAIL TRACE TALLAHASSEE, FL 32309

Current Mailing Address:

1825 PONCE DE LEON BOULEVARD UNIT 483 MIAMI, FL 33134 US

FEI Number: 59-1545691

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

Officer/Director Detail :

Oncendire	CIOI Delall.		
Title	TREASURER	Title	SECRETARY
Name	TRUJILLO, HECTOR	Name	KALLMAN, ALLISON
Address	1825 PONCE DE LEON BLVD UNIT 483	Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	VICE PRESIDENT	Title	DIRECTOR
Name	MENDEZ, AL	Name	MORENA, SHELBY
Address	1825 PONCE DE LEON BLVD UNIT 483	Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	DIRECTOR
Name	HAND, DAVID	Name	SANDERS, BARRY
Address	1825 PONCE DE LEON BLVD UNIT 483	Address	1825 PONCE DE LEON BLVD UNIT 483
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR	Title	PRESIDENT
Name	VALDES DIAZ, RUDY	Name	DIAZ PADRON, JUAN CARLOS
Address	1825 PONCE DE LEON BOULEVARD	Address	1825 PONCE DE LEON BOULEVARD UNIT 483
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134

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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: JUAN CARLOS DIAZ PADRON

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

PRESIDENT

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	FISK, MARIA	Name	GRODENSKY, JASON
Address	1825 PONCE DE LEON BOULEVARD UNIT 483	Address	1825 PONCE DE LEON BOULEVARD UNIT 483
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134