## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 716591** 

Entity Name: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES,

NATIONAL ASSOCIATION, INC.

**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 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title **TREASURER** Title SECRETARY

Name TRUJILLO, HECTOR Name KALLMAN, ALLISON

Address 1825 PONCE DE LEON BLVD Address 1825 PONCE DE LEON BLVD

**UNIT 483 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

1825 PONCE DE LEON BLVD 1825 PONCE DE LEON BLVD Address Address **UNIT 483** 

**UNIT 483** 

CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

Name HAND, DAVID Name SANDERS, BARRY

1825 PONCE DE LEON BLVD 1825 PONCE DE LEON BLVD Address Address

**UNIT 483 UNIT 483** 

CORAL GABLES FL 33134 CORAL GABLES FL 33134 City-State-Zip: City-State-Zip:

Title Title DIRECTOR **PRESIDENT** 

VALDES DIAZ, RUDY Name DIAZ PADRON, JUAN CARLOS Name

1825 PONCE DE LEON BOULEVARD 1825 PONCE DE LEON BOULEVARD Address Address **UNIT 483** 

City-State-Zip: MIAMI FL 33134 MIAMI FL 33134 City-State-Zip:

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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.

04/24/2024 SIGNATURE: JUAN CARLOS DIAZ PADRON PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 24, 2024

Secretary of State

4407068212CC

## Officer/Director Detail Continued:

DIRECTOR DIRECTOR Title Title

FISK, MARIA Name Name GRODENSKY, JASON

Address 1825 PONCE DE LEON BOULEVARD Address 1825 PONCE DE LEON BOULEVARD **UNIT 483** 

UNIT 483

City-State-Zip: MIAMI FL 33134 City-State-Zip: MIAMI FL 33134