

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716591

FILED
Jan 21, 2014
Secretary of State
CC9515632069

Entity Name: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF FLORIDA INC.

Current Principal Place of Business:

FERNANDEZ-BERGNES & ASSC PA
7490 WEST FLAGLER STREET
MIAMI, FL 33144

Current Mailing Address:

PO BOX 520844
MIAMI, FL 33152

FEI Number: 59-1545691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ-BERGNES & ASSOC PA
7490 WEST 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 P
Name DOPAZO, ALEXANDER
Address P.O. BOX 520844
City-State-Zip: MIAMI FL 33144

Title T
Name LARRAZ, ALINA
Address P.O. BOX 520844
City-State-Zip: MIAMI FL 33144

Title V
Name PENA, JORGE
Address P.O. BOX 520844
City-State-Zip: MIAMI FL 33152

Title S
Name REJON, SEBASTIAN
Address POST OFFICE BOX 520844
City-State-Zip: MIAMI FL 33144

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: ALEXANDER DOPAZO

PRESIDENT

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date