

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716591

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

**FILED**  
**May 04, 2020**  
**Secretary of State**  
**7507909976CC**

**Current Principal Place of Business:**

3710 SWALLOWTAIL TRACE  
TALLHASSEE, FL 32309

**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:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE 2ND FL  
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: DELANIE CASE**

**05/04/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FISK, MARIA  
Address        PO BOX 520844  
City-State-Zip: MIAMI FL 33152

Title            VP  
Name            DELATORRE, DEVIN  
Address        PO BOX 520844  
City-State-Zip: MIAMI FL 33152

Title            TREASURER  
Name            VILLA, MARIA  
Address        PO BOX 520844  
City-State-Zip: MIAMI FL 33152

Title            SECRETARY  
Name            DELGADO, LISSETTE  
Address        PO BOX 520844  
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: MARIA FISK**

**PRESIDENT**

**05/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date