

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