

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 716591

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

Current Principal Place of Business:

3710 SWALLOWTAIL TRACE
TALLAHASSEE, FL 32309

Current Mailing Address:

1825 PONCE DE LEON BLVD
UNIT 483
CORAL GABLES, 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 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

08/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name NARANJO, JAVIER
Address 1825 PONCE DE LEON BLVD
 UNIT 483
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name BLANCO, ENRIQUE PEREZ
Address 1825 PONCE DE LEON BLVD
 UNIT 483
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name SANDERS, BARRY
Address 1825 PONCE DE LEON BLVD
 UNIT 483
City-State-Zip: CORAL GABLES FL 33134

Title VICE PRESIDENT
Name LEWIS, ROBIN
Address 1825 PONCE DE LEON BLVD
 UNIT 483
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MORENA, SHELBY
Address 1825 PONCE DE LEON BLVD
 UNIT 483
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name PADRON, JUAN CARLOS DIAZ
Address 1825 PONCE DE LEON BLVD
 UNIT 483
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name GINDEN, DANIEL
Address 1825 PONCE DE LEON BLVD
 UNIT 483
City-State-Zip: CORAL GABLES FL 33134

Title IMMEDIATE PAST PRESIDENT
Name PEREZ, LISSETTE
Address 1825 PONCE DE LEON BLVD
 UNIT 483
City-State-Zip: CORAL GABLES FL 33134

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: JAVIER NARANJO

PRESIDENT

08/11/2022

Electronic Signature of Signing Officer/Director Detail

Date