

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000002242

Entity Name: INSTITUTO LATINOAMERICANO DE EMPRESAS FAMILIARES
ILAEF - EE.UU. INC**FILED**
Jan 25, 2022
Secretary of State
5913910431CC**Current Principal Place of Business:**201 ALHAMBRA CIRCLE
SUITE 600
CORAL GABLES , FL 33134**Current Mailing Address:**201 ALHAMBRA CIRCLE
SUITE 600
CORAL GABLES , FL 33134 US**FEI Number: 83-3879366****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PARRA SABAL, SERGIO
201 ALHAMBRA CIRCLE
SUITE 600
CORAL GABLES , FL 33134 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 | PARRA SABAL, SERGIO |
| Address | 201 ALHAMBRA CIRCLE SUITE 600 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|----------------------------------|
| Title | MBR |
| Name | CHRISTENSEN ZARACHO, NATALIA |
| Address | 201 ALHAMBRA CIRCLE SUITE 600 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|----------------------------------|
| Title | MBR |
| Name | GASTELUM TREVINO, ANTONIO |
| Address | 201 ALHAMBRA CIRCLE SUITE 600 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|----------------------------------|
| Title | MBR |
| Name | RUSSIAN DE QUINTANA, CARMEN C |
| Address | 201 ALHAMBRA CIRCLE SUITE 600 |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|----------------------------------|
| Title | MBR |
| Name | IMERY VINEY, MARCEL IGNACIO |
| Address | 201 ALHAMBRA CIRCLE SUITE 600 |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|----------------------------------|
| Title | MBR |
| Name | RAUL, SEREBRENIK GHITIS |
| Address | 201 ALHAMBRA CIRCLE SUITE 600 |
| 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: PARRA SABAL , SERGIO**P****01/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date