

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000009743

Entity Name: INTERNATIONAL LONGSHOREMENS ASSOCIATION (AFL-CIO)
- EMPLOYERS WELFARE FUND, SOUTHEAST FLORIDA PORTS, INC**FILED**
Feb 11, 2021
Secretary of State
6116516570CC**Current Principal Place of Business:**33 NE 6TH STREET
MIAMI, FL 33132**Current Mailing Address:**33 NE 6TH STREET
MIAMI, FL 33132 US**FEI Number: 59-0832169****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TALAMO, JAVIER
7600 WEST 20TH AVENUE
SUITE 213
HIALEAH, FL 33016 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 O
Name STEWART, EDWIN
Address 33 NE 6TH STREET
City-State-Zip: MIAMI FL 33132Title D
Name GONZALEZ, LUIS
Address 1007 N. AMERICA WAY SUITE 407
City-State-Zip: MIAMI FL 33132Title D
Name AROCHA, CARLOS
Address 635 AUSTRALIA WAY
City-State-Zip: MIAMI FL 33132Title D
Name RAGIN, TORIN
Address 816 NW 2ND AVENUE
City-State-Zip: MIAMI FL 33136Title D
Name DIXON, JOHNNIE
Address 440 NW 6TH STREET
City-State-Zip: FORT LAUDERDALE FL 33311Title D
Name BAKER, MARK
Address 2299 PORT BLVD
City-State-Zip: MIAMI FL 33132

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: EDWIN STEWART**O****02/11/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date