

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000009743

Entity Name: INTERNATIONAL LONGSHOREMENS ASSOCIATION (AFL-CIO) -
EMPLOYERS WELFARE FUND, SOUTHEAST FLORIDA PORTS II, INC.**FILED**
Apr 30, 2024
Secretary of State
1663264581CC**Current Principal Place of Business:**3350 SW 148TH AVE STE 210
MIRAMAR, FL 33027**Current Mailing Address:**14900 SW 30TH ST UNIT 278292
MIRAMAR, FL 33027 US**FEI Number: 59-0832169****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SUSSKIND, HOWARD S
150 ALHAMBRA CIRCLE
SUITE 725
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: HOWARD SUSSKIND****04/30/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title O, FUND MANAGER

Name ELISE, DIXON

Address 33 NE 6TH STREET

City-State-Zip: MIAMI FL 33132

Title D, TRUSTEE, UNION TRUSTEE

Name GONZALEZ, LUIS

Address 1007 N. AMERICA WAY SUITE 407

City-State-Zip: MIAMI FL 33132

Title D, MANAGEMENT TRUSTEE

Name HEALEY, HUGH

Address 1007 N AMERICA WAY
403

City-State-Zip: MIAMI FL 33132

Title D, UNION TRUSTEE

Name DIXON, EUGENE

Address 816 NW 2ND AVENUE

City-State-Zip: MIAMI FL 33136

Title D, UNION TRUSTEE

Name DIXON, JOHNNIE

Address 440 NW 6TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311

Title D, MANAGEMENT TRUSTEE

Name MONTOTO, EDUARDO

Address 1007 N AMERICA WAY #403

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: ELISE DIXON**OFFICER****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date