

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000099916

**Entity Name:** LAFISE INSURANCE AGENCY CORP.

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BLVD.  
3550  
MIAMI, FL 33131

**Current Mailing Address:**

200 SOUTH BISCAYNE BLVD.  
3550  
MIAMI, FL 33131 US

**FEI Number:** 55-0798033

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZAMORA, MARCELA  
200 SOUTH BISCAYNE BLVD  
SUITE 3550  
MIAMI, FL 33131 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 ZAMORA, ROBERTO JSR.  
Address 200 SOUTH BISCAYNE BLVD, #3550  
City-State-Zip: MIAMI FL 33131

Title VP  
Name ZAMORA, MARCELA  
Address 200 SOUTH BISCAYNE BLVD, #3550  
City-State-Zip: MIAMI FL 33131

Title SEC  
Name ZAMORA, MARIA J  
Address 200 SOUTH BISCAYNE BLVD, #3550  
City-State-Zip: MIAMI FL 33131

Title TRES  
Name ZAMORA, MARCELA  
Address 200 SOUTH BISCAYNE BLVD, #3550  
City-State-Zip: MIAMI FL 33131

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERTO ZAMORA**

**DIRECTOR**

**03/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date