

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064340

Entity Name: LATIN AMERICAN FINANCIAL CORP.**Current Principal Place of Business:**360 WILSHIRE BLVD., SUITE 112
CASSELBERRY, FL 32707**Current Mailing Address:**P.O.BOX 10998
SAN JUAN, PUERTO RICO 00922 PR**FEI Number:** 26-2385936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERNANDEZ, MIGUEL A
360 WILSHIRE BLVD., SUITE 112
CASSELBERRY, FL 32707 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	HERNANDEZ, MIGUEL A SR.
Address	360 WILSHIRE BLVD., SUITE 112
City-State-Zip:	CASSELBERRY FL 32707

Title	VP
Name	HERNANDEZ, CYBELLE
Address	360 WILSHIRE BLVD., SUITE 112
City-State-Zip:	CASSELBERRY FL 32707

Title	SD
Name	ALEJANDRO, SARA M
Address	360 WILSHIRE BLVD., SUITE 112
City-State-Zip:	CASSELBERRY FL 32707

Title	T
Name	HERNANDEZ, YARELLE
Address	360 WILSHIRE BLVD., SUITE 112
City-State-Zip:	CASSELBERRY FL 32707

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: MIGUEL HERNANDEZ**PRESIDENT****01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date