## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000042944

Entity Name: MAPFRE ASSISTANCE USA INC.

**FILED** Apr 25, 2016 **Secretary of State** CC8109135533

## **Current Principal Place of Business:**

7300 CORPORATE CENTER DRIVE, SUITE 601

MIAMI. FL 33126

## **Current Mailing Address:**

7300 CORPORATE CENTER DRIVE, SUITE 601 MIAMI, FL 33126

FEI Number: 46-0547293 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

AROLA KAMINSKI, DAVID LEGAL DEPT. 7300 CORPORATE CENTER DRIVE, SUITE 601 MIAMI, FL 33126 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: DAVID AROLA KAMINSKI 04/25/2016

> Date Electronic Signature of Registered Agent

> > Title

Name

City-State-Zip:

**SECRETARY** 

MIAMI FL 33126

TAMAYO, JAIME

Officer/Director Detail:

City-State-Zip:

City-State-Zip:

City-State-Zip:

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MIAMI FL 33126

Title

Name

Title Title CEO

Name GARCIA-VEGA, DANIEL Name SENEN GARCIA, RAFAEL

Address 7300 CORPORATE CENTER DRIVE, Address 7300 CORPORATE CENTER DRIVE, SUITE 601

SUITE 601

MIAMI FL 33126 City-State-Zip: MIAMI FL 33126

**CFO** VP, DIRECTOR Title Title Name DOMINGUEZ, JULIE ANN Name FANTIS. DENNIS M

7300 CORPORATE CENTER DRIVE. 7300 CORPORATE CENTER DRIVE, Address Address

> SUITE 601 SUITE 601

MIAMI FL 33126 MIAMI FL 33126 City-State-Zip:

MUNIZAGA, ERNESTO Name Name AROLA KAMINSKI, DAVID

Address 7300 CORPORATE CENTER DRIVE, Address 7300 CORPORATE CENTER DRIVE,

> SUITE 601 SUITE 601

Title DIRECTOR Title DIRECTOR, CHAIRMAN SANTOS MARTIN, RUBEN

7300 CORPORATE CENTER DRIVE. 7300 CORPORATE CENTER DRIVE, Address Address

SUITE 601 SUITE 601

MIAMI FL 33126 MIAMI FL 33126 City-State-Zip: City-State-Zip:

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.

04/25/2016 SIGNATURE: DENNIS M FANTIS VΡ