

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P12000042944

Entity Name: MAPFRE ASSISTANCE USA INC.**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

08/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name AROLA KAMINSKI, DAVID
Address 7300 CORPORATE CENTER DRIVE,
SUITE 601
City-State-Zip: MIAMI FL 33126

Title TREASURER, HEAD OF FINANCE
Name BREEDEN, BRIAN
Address 7300 CORPORATE CENTER DR.,
SUITE 601
City-State-Zip: MIAMI FL 33126

Title CHAIRMAN
Name CASTELO, ALFREDO
Address 7300 CORPORATE CENTER DR.,
SUITE 601
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name ALVES, NELSON
Address 7300 CORPORATE CENTER DR.,
SUITE 601
City-State-Zip: MIAMI FL 33126

Title PRESIDENT, CEO, REGIONAL
GENERAL MANAGER, DIRECTOR
Name SANTOS MARTIN, RUBEN
Address 7300 CORPORATE CENTER DRIVE,
SUITE 601
City-State-Zip: MIAMI FL 33126

Title VP
Name MONTENEGRO, BARBARA
Address 7300 CORPORATE CENTER DR.,
SUITE 601
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name BERGES, ALBERTO
Address 7300 CORPORATE CENTER DR.,
SUITE 601
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name FACON, FRANCOIS
Address 7300 CORPORATE CENTER DR.,
SUITE 601
City-State-Zip: MIAMI FL 33126

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: DAVID AROLA KAMINSKI

SECRETARY

08/15/2017

Electronic Signature of Signing Officer/Director Detail

Date