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: ALVARO M ALVAREZ

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/17/2018

Date

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000020054

Entity Name: FORTUNA TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2525 PONCE DE LEON BLVD SUITE 300 CORAL GABLES, FL 33134

Current Mailing Address:

2525 PONCE DE LEON BLVD SUITE 300 CORAL GABLES, FL 33134 US

FEI Number: 46-2179984

Name and Address of Current Registered Agent:

ALVAREZ, ALVARO M 2525 PONCE DE LEON BLVD SUITE 300 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	V
Name	ALVAREZ, ALVARO M	Name	ALVAREZ, MILAGROS C
Address	2525 PONCE DE LEON BLVD SUITE 300	Address	2525 PONCE DE LEON BLVD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

Certificate of Status Desired: No

FILED Jan 17, 2018 Secretary of State CC5560528730

Date