

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000060579

**Entity Name:** ATLANTIC AMERICAS REINSURANCE CORP

**Current Principal Place of Business:**

7500 NW 25TH ST STE 111  
MIAMI, FL 33122

**Current Mailing Address:**

7500 NW 25TH ST STE 111  
MIAMI, FL 33122 US

**FEI Number:** 46-3156446

**Certificate of Status Desired:** No

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

ESTEVEZ, DORIS  
7500 NW 25TH ST STE 111  
MIAMI, FL 33122 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 FERRANDEZ PEREZ, MANUEL  
Address 7500 NW 25TH ST STE 111  
City-State-Zip: MIAMI FL 33122

Title VP  
Name TOJEIRO SIERTO, LUIS A  
Address 7500 NW 25TH ST STE 111  
City-State-Zip: MIAMI FL 33122

*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:** MANUEL FERRANDEZ PEREZ

**PRESIDENT**

**03/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date