

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000050495

**Entity Name:** MAPFRE WARRANTY CORPORATION OF FLORIDA**Current Principal Place of Business:**7300 CORPORATE CENTER DR.  
SUITE 601  
MIAMI, FL 33126**Current Mailing Address:**7300 CORPORATE CENTER DR.  
SUITE 601  
MIAMI, FL 33126 US**FEI Number:** 81-2900487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AROLA KAMINSKI, DAVID  
7300 CORPORATE CENTER DR. 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

03/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR  
Name DE OLIVEIRA LOPES ALVES, NELSON  
FILIFE  
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

Title PRESIDENT, CEO, REGIONAL  
GENERAL MANAGER & DIRECTOR  
Name MARRUGO ROJAS, JAIR  
Address 7300 CORPORATE CENTER DR.  
SUITE 601  
City-State-Zip: MIAMI FL 33126

Title SECRETARY  
Name SHER, MICHAEL  
Address 7300 CORPORATE CENTER DR.  
SUITE 601  
City-State-Zip: MIAMI FL 33126

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

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*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

ASSISTANT SECRETARY 03/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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