

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P16000050495

**Entity Name:** MAPFRE WARRANTY CORPORATION OF FLORIDA**Current Principal Place of Business:**5959 BLUE LAGOON DR #400  
MIAMI, FL 33126**Current Mailing Address:**5959 BLUE LAGOON DR #400  
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****11/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COO  
Name BROOKS, DARREN  
Address 6565 AMERICAS PKWY. NE  
10TH FLOOR  
City-State-Zip: ALBUQUERQUE NM 87110

Title PRESIDENT, CEO/REGIONAL  
MANAGER/DIRECTOR  
Name SANTOS MARTIN, RUBEN  
Address 7300 CORPORATE CENTER DR  
SUITE 601  
City-State-Zip: MIAMI FL 33126-1232

Title VP  
Name MONTENEGRO WARREN, 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 BOARD SECRETARY  
Name AROLA KAMINSKI, DAVID  
Address 7300 CORPORATE CENTER DR  
SUITE 601  
City-State-Zip: MIAMI FL 33126-1232

Title CFO  
Name MCKENNA, ROBERT  
Address 7300 CORPORATE CENTER DR.  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR OF REGULATORY  
COMPLIANCE  
Name EDWARDS, CHRISTOPHER  
Address 6565 AMERICAS PKWY. NE  
10TH FLOOR  
City-State-Zip: ALBUQUERQUE NM 87110

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

**Continues on page 2**

*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****11/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DE OLIVEIRA LOPES ALVES, NELSON FILIPE  
Address 7300 CORPORARE 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