

**2017 FLORIDA PROFIT CORPORATION 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:**

MEENAN P.A.  
325 W COLLEGE AVE  
TALLAHASSEE, FL 32301 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 VICE-PRESIDENT/COO  
Name BROOKS, DARREN  
Address 10555 MONTGOMERY BLVD NE BLDG  
2  
City-State-Zip: ALBUQUERQUE NM 87111

Title BOARD SECRETARY  
Name AROLA, DAVID  
Address 7300 CORPORATE CENTER DR  
SUITE 601  
City-State-Zip: MIAMI FL 33126-1234

Title CEO/REGIONAL  
MANAGER/DIRECTOR  
Name SANTOS MARTIN, RUBEN  
Address 7300 CORPORATE CENTER DR  
SUITE 601  
City-State-Zip: MIAMI FL 33126-1234

*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: DARREN BROOKS**

**VICE PRESIDENT/COO**

**04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date