## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000050495

Entity Name: MAPFRE WARRANTY CORPORATION OF FLORIDA

**FILED** Apr 09, 2018 **Secretary of State** CC5441337457

**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 04/09/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Address

City-State-Zip:

Title **BOARD SECRETARY** Title PRESIDENT, CEO/REGIONAL

MANAGER/DIRECTOR AROLA KAMINSKI, DAVID

Name SANTOS MARTIN, RUBEN Name

7300 CORPORATE CENTER DR 7300 CORPORATE CENTER DR Address SUITE 601

SUITE 601 City-State-Zip: MIAMI FL 33126-1232

City-State-Zip: MIAMI FL 33126-1232

Title **CFO** Title

Name MCKENNA, ROBERT MONTENEGRO WARREN, BARBARA Name

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MIAMI FL 33126

7300 CORPORATE CENTER DR. Address 7300 CORPORATE CENTER DR. Address

MIAMI FL 33126 City-State-Zip: SUITE 601

City-State-Zip: MIAMI FL 33126

Title DIRECTOR

Title DIRECTOR BERGES, ALBERTO Name

Name CASTELO, ALFREDO 7300 CORPORATE CENTER DR. Address

SUITE 601 Address 7300 CORPORATE CENTER DR.

MIAMI FL 33126 City-State-Zip: SUITE 601

City-State-Zip: MIAMI FL 33126

Title DIRECTOR

DE OLIVEIRA LOPES ALVES, NELSON Title **DIRECTOR** Name

**FILIPE** Name FACON, FRANCOIS

Address 7300 CORPORARE CENTER DR.

Address 7300 CORPORATE CENTER DR SUITE 601

SUITE 601 MIAMI FL 33126

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.

City-State-Zip:

04/09/2018 SIGNATURE: RUBEN SANTOS MARTIN **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

Date