

**2019 FLORIDA PROFIT CORPORATION AMENDED 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

05/14/2019

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	DE OLIVEIRA LOPES ALVES, NELSON FILIPE
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	CFO
Name	MCKENNA, ROBERT
Address	7300 CORPORATE CENTER DR.
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	FACON, FRANCOIS
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

**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

ASSISTANT SECRETARY 05/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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