

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000050495

FILED
Mar 16, 2021
Secretary of State
6721850581CC

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

03/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	ASST. SECRETARY	Title	DIRECTOR
Name	AROLA KAMINSKI, DAVID	Name	DE OLIVEIRA LOPES ALVES, NELSON FILIPE
Address	7300 CORPORATE CENTER DR. SUITE 601	Address	7300 CORPORARE CENTER DR. SUITE 601
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	PRESIDENT, CEO, REGIONAL GENERAL MANAGER & DIRECTOR	Title	VP, TAX
Name	MARRUGO ROJAS, JAIR	Name	DOWELL, DAMON
Address	7300 CORPORATE CENTER DR. SUITE 601	Address	7300 CORPORATE CENTER DR. SUITE 601
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	DIRECTOR	Title	DIRECTOR
Name	JIMENEZ, LEIRE	Name	TAMAYO, JAIME
Address	7300 CORPORATE CENTER DR. SUITE 601	Address	215 MAIN ST
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	WEBSTER MA 01570
Title	DIRECTOR	Title	CFO
Name	AMADORI, JESUS	Name	MECIAK, JOHN
Address	211 MAIN ST	Address	211 MAIN ST
City-State-Zip:	WEBSTER MA 01570	City-State-Zip:	WEBSTER MA 01570

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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 03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name OLOHAN, DANIEL P.
Address 211 MAIN ST
City-State-Zip: WEBSTER MA 01570