

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000008895

Entity Name: ALL INSURANCE U.S.A. CORP

Current Principal Place of Business:

2360 SW 8TH ST
MIAMI, FL 33135

Current Mailing Address:

2360 SW 8TH ST
MIAMI, FL 33135 US

FEI Number: 81-5149637

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEDESMA, ONAY
219 SW 103 CT
MIAMI, FL 33174 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 PRESIDENT & CEO
Name LEDESMA, ONAY
Address 219 SW 103 CT
City-State-Zip: MIAMI FL 33174

Title VP
Name LEDESMA, LEIVIS
Address 219 SW 103 CT
City-State-Zip: MIAMI FL 33174

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: ONAYLEDESMA

CEO

02/11/2020

Electronic Signature of Signing Officer/Director Detail

Date