2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2019
Secretary of State
6165035205CC

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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	PRES	Title	VP
Name	LEDESMA, ONAY	Name	LEDESMA, LEIVIS
Address	219 SW 103 CT	Address	219 SW 103 CT
City-State-Zip:	MIAMI FL 33174	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: ONAY LEDESMA PRESIDENT 01/28/2019

Electronic Signature of Signing Officer/Director Detail — Date