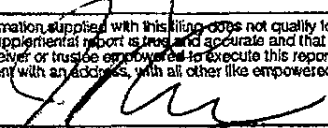


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000075975		
1. Entity Name LATIN AMERICAN INSURANCE CORP.		
Principal Place of Business 13831 SOUTHWEST 59 STREET, SUITE 101 MIAMI, FL 33183	Mailing Address 13831 SOUTHWEST 59 STREET, SUITE 101 MIAMI, FL 33183	
DO NOT WRITE IN THIS SPACE		
		
04302004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0692844		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LUIS, JUAN F 13831 SW 59 ST CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LUIS, ADELAIDA T 13831 SOUTHWEST 59 STREET, SUITE 101 MIAMI, FL 33183	DO NOT WRITE IN THIS SPACE U000000151393 05/04/04-80042-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESCOBAR, LAURA 13831 SOUTHWEST 59 STREET, SUITE 101 MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUIS, JUAN F 13831 SOUTHWEST 59 STREET, SUITE 101 MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  JUAN F. LUIS STD 4/29/04 305-387-4001		