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	Mailing Address
13831 SOUTHWEST 59 STREET, SUITE 101 MIAMI, FL 33183	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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	LUIS, ADELAIDA T
STREET ADDRESS	13831 SOUTHWEST 59 STREET, SUITE 101
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	VD
NAME	ESCOBAR, LAURA
STREET ADDRESS	13831 SOUTHWEST 59 STREET, SUITE 101
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	STD
NAME	LUIS, JUAN F
STREET ADDRESS	13831 SOUTHWEST 59 STREET, SUITE 101
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/29/04 305-387-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #