

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716591

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**7901621565CC**

**Entity Name:** LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES,  
NATIONAL ASSOCIATION, INC.

**Current Principal Place of Business:**

3710 SWALLOTAIL TRACE  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

1825 PONCE DE LEON BOULEVARD  
MIAMI, FL 33134

**FEI Number: 59-1545691**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE, 2ND FLOOR  
TALLAHASSEE, FL 32301 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  
Name           NARANJO, JAVIER  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title           TREASURER  
Name           BLANCO, ENRIQUE PEREZ  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title           SECRETARY  
Name           SANDERS, BARRY  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title           VICE PRESIDENT  
Name           LEWIS, ROBIN  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           MORENA, SHELBY  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           PADRON, JUAN CARLOS DIAZ  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           GINDEN, DANIEL  
Address        1825 PONCE DE LEON BLVD  
                  UNIT 483  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           MENDEZ, AL  
Address        1825 PONCE DE LEON BOULEVARD  
City-State-Zip: MIAMI FL 33134

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAVIER NARANJO**

**PRESIDENT**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date