SIGNATURE: JUAN JOSE CALVO

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001182

Entity Name: LATIN AMERICA INDUSTRIAL ASSOCIATION INC.

Current Principal Place of Business:

1600 PONCE DE LEON BLVD. SUITE 1000 #74 CORAL GABLES, FL 33134

Current Mailing Address:

1600 PONCE DE LEON BLVD. SUITE 1000 #74 CORAL GABLES, FL 33134

FEI Number: 27-2955666

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CALVO, JUAN J 4114 CARRIAGE DRIVE N-4 POMPANO BEACH, FL 33069 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:

Officer/Director Detail :

Officer/Director Detail :				
	Title	FIRST VICE PRESIDENT	Title	2VP
	Name	KRONFLE, HENRY K	Name	LEMOR, DAVID
	Address	CENTRO EMPRESARIAL LAS CAMARAS PISO 5	Address	LOS LAURELES 365
	City-State-Zip:	GUAYAQUIL ECUADOR	City-State-Zip:	LIMA 27 PERU 27
	Title	PRESIDENT	Title	EXECUTIVE VP
	Name	LOPEZ FERNANDEZ, FERNANDO	Name	CALVO, JUAN J
	Address	CAMARA DE INDUSTRIA DE	Address	4114 CARRIAGE DRIVE, N-4
	Address	GUATEMALA	City-State-Zip:	POMPANO BEACH FL 33069
	City-State-Zip:	GUATEMALA	Title	DIRECTOR
	Title	3VP	Name	OLAIZAGA, JUAN PABLO
	Name	HERRERA, MANUEL	Address	AVENIDA PRINCIPAL DE CHUAO EDIFICIO CONINDUSTRIA
	Address	MANUEL MARIA CONTRERAS 133 PISO 8	City-State-Zip:	CARACAS 1061
	City-State-Zip:	COL. CUAHTEMOC, MEXICO CITY 06500	Title	EXECUTIVE SECRETARY
	Title	4VP	Name	ZEPEDA, JAVIER
	Name	BASSO, JOSE LUIS	Address	CAMARA DE INDUSTRIA GUATEMALA
	Address	UNION INDUSTRIAL ARGENTINA	City-State-Zip:	GUATEMALA CITY
	City-State-Zip:	BUENOS AIRES BUENOS AIRES		

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

EXECUTIVE VP

Certificate of Status Desired: Yes

FILED Apr 24, 2016 Secretary of State CC8049116541

> 04/24/2016 Date

Date