Name and A	Address of Current Registered Agent:		
515 EAST PAR	PORATE SERVICES, INC. K AVENUE 2ND FLOOR E, FL 32301 US		
The above name	d entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	Ξ:		
	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	PRESIDENT	Title	VICE PRESIDENT
Name	VILA, MARIA	Name	CASTRO, AMARILYS L
Address	2045 BISCAYNE BLVD. #132	Address	2045 BISCAYNE BLVD #132
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	TREASURER	Title	SECRETARY
Name	DOMINGUEZ, JULIO	Name	RIVAS, MARVIN
Address	2045 BISCAYNE BLVD #132	Address	2045 BISCAYNE BLVD #132
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	DIRECTOR	Title	DIRECTOR
Name	RODRIGUEZ, VICTOR	Name	VILLAREAL, SILVIA
Address	2045 BISCAYNE BLVD #132	Address	2045 BISCAYNE BLVD #132
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	DIRECTOR	Title	DIRECTOR
Name	MENAKER, JACOB	Name	LUIS, GUILLERMO
Address	2045 BISCAYNE BLVD. #132	Address	2045 BISCAYNE BLVD. #132
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N2100008858

Entity Name: LATIN AMERICAN ASSOCIATION OF INSURANCE AGENCIES OF MIAMI DADE, INC.

#### **Current Principal Place of Business:**

3710 SWALLOWTAIL TRACE TALLAHASSEE, FL 32309

## **Current Mailing Address:**

2045 BISCAYNE BLVD. #132 MIAMI, FL 33137 US

## FEI Number: 87-1878619

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

Certificate of Status Desired: No

		Continues of	on page 2
y-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
dress	2045 BISCAYNE BLVD. #132	Address	2045 BISCAYNE BLVD. #132
me	MENAKER, JACOB	Name	LUIS, GUILLERMO
е	DIRECTOR	Title	DIRECTOR
y-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
dress	2045 BISCAYNE BLVD #132	Address	2045 BISCAYNE BLVD #132

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	: MARIA VILA	PRESIDENT	04/27/2023
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 27, 2023 Secretary of State 8404771722CC

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	TEMPERAN, CARLOS	Name	SANCHEZ, MARLEN
Address	2045 BISCAYNE BLVD. #132	Address	2045 BISCAYNE BLVD. #132
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	DIRECTOR		

Name	HALLIVIS, ALBERTO
Address	2045 BISCAYNE BLVD. #132

City-State-Zip: MIAMI FL 33137