

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003718

Entity Name: ASOCIACION LATINOAMERICANA DE SEGURIDAD
INTERNATIONAL INC.**FILED**
Mar 06, 2014
Secretary of State
CC8397016883**Current Principal Place of Business:**5201 BLUE LAGOON DR 8TH FLR. STE 921
MIAMI, FL 33126**Current Mailing Address:**P.O. BOX 522810
MIAMI, FL 33152 US**FEI Number: 65-0772307****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FERRANDO, ANDREA
4493 WOODFIELD BOULEVARD
BOCA RATON, FL 33434 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: ANDREA FERRANDO****03/06/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name GASSMANN, GUSTAVO
Address GUIDO CALOI 1985 PREDIO 18
City-State-Zip: SAN PAULO SP 05802-140**Title** VP
Name SANCHEZ, GERMAN
Address CARLOS PELLEGRINI 179, 9
City-State-Zip: BUENOS AIRES C1009 ABC**Title** TREASURER
Name FERRANDO, ANDREA
Address 4493 WOODFIELD BLVD.
City-State-Zip: BOCA RATON FL 33434**Title** COO
Name ALVAREZ, ALBERTO
Address 5201 BLUE LAGOON DRIVE 8TH
FLOOR, STE 921
City-State-Zip: MIAMI FL 33126**Title** DIRECTOR
Name PRIETO, WILLIAM
Address AV CRA 45 NO 118-30 OFI 408
City-State-Zip: BOGOTA

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: ALVAREZ, ALBERTO**COO****03/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date