

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003718

Entity Name: ASOCIACION LATINOAMERICANA DE SEGURIDAD
INTERNATIONAL INC.**FILED**
Jun 08, 2020
Secretary of State
0414802580CC**Current Principal Place of Business:**GLSC & COMPANY PLLC 6303 BLUE LAGOON DR.
STE 200
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:**BOUWER, LORENA
6303 BLUE LAGOON DR. STE 200
MIAMI, FL 33126 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: BOUWER, LORENA****06/08/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------------|
| Title | VP |
| Name | GASSMANN, GUSTAVO |
| Address | GUIDO CALOI 1985 PREDIO 18 |
| City-State-Zip: | SAN PAULO 05802-140 |

| | |
|-----------------|-------------------------|
| Title | TREASURER |
| Name | BOUWER, LORENA |
| Address | 18005 SW 1 STREET |
| City-State-Zip: | PEMBROKE PINES FL 33029 |

| | |
|-----------------|------------------------|
| Title | CEO |
| Name | ALVAREZ, ALBERTO |
| Address | 19195 MYSTIC POINTE DR |
| City-State-Zip: | AVENTURA FL 33180 |

| | |
|-----------------|--|
| Title | PRESIDENT |
| Name | RAMIREZ, FRANCISCO |
| Address | AV. INSURGENTES SUR 1647, PISO 8-801 DEL. BENITO JUAREZ COL SAN JOSE INSURGENTES |
| City-State-Zip: | CIUDAD DE MEXICO MEXICO 03900 |

| | |
|-----------------|-----------------|
| Title | SECRETARY |
| Name | LOZANO, DIEGO |
| Address | 3505 NW 107 AVE |
| City-State-Zip: | MIAMI FL 33178 |

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: GUSTAVO GASSMANN**06/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date