

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M53767

Entity Name: METROPOLITAN TITLE INSURANCE AGENCY CO.

Current Principal Place of Business:

6625 MIAMI LAKES DRIVE EAST
SUITE 424
MIAMI LAKES, FL 33014

Current Mailing Address:

6625 MIAMI LAKES DRIVE EAST
SUITE 424
MIAMI LAKES, FL 33014 US

FEI Number: 65-0014434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ISLA, LUCIANO
6625 MIAMI LAKES DRIVE EAST
SUITE 424
MIAMI LAKES, FL 33014 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 PTD
Name ISLA, LUCIANO
Address 6625 MIAMI LAKES DRIVE EAST
SUITE 424
City-State-Zip: MIAMI LAKES FL 33014

Title VSD
Name ISLA, LYDIA M.
Address 6625 MIAMI LAKES DRIVE EAST
SUITE 424
City-State-Zip: MIAMI LAKES FL 33014

Title VP
Name REY, VIVIAN
Address 6625 MIAMI LAKES DRIVE EAST
SUITE 424
City-State-Zip: MIAMI LAKES FL 33014

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

SIGNATURE: LUCIANO ISLA

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date