

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104686

FILED
Feb 24, 2015
Secretary of State
CC4361954004

Entity Name: LATIN AMERICAN REINSURANCE INTERMEDIARY SERVICES, INC.

Current Principal Place of Business:

16900 N BAY RD
1409
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

JEWETT SCHWARTZ & ASSOCIATES
200 S. PARK RD. SUITE 150
HOLLYWOOD, FL 33021 US

FEI Number: 90-0358692

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHMACHTENBERG, LEO C
1533 SUNSET DRIVE SUITE 201
CORAL GABLES, FL 33143 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 MR
Name ESCOBAR, LUIS A
Address 16900 N BAY RD
1409
City-State-Zip: SUNNY ISLES BEACH FLORIDA
33160

Title MRS
Name PARDO, CRISTINA
Address 16900 N BAY RD
1409
City-State-Zip: SUNNY ISLES BEACH FLORIDA
33160

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: CRISTINA PARDO

OFFICER

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date