

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104686

FILED
Jan 19, 2020
Secretary of State
8937191473CC

Entity Name: LATIN AMERICAN REINSURANCE INTERMEDIARY SERVICES, INC.

Current Principal Place of Business:

2893 EXECUTIVE PARK DR
SUITE 204
WESTON, FL 33331

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 17111 BISCAYNE BLVD UNIT2203
2203
City-State-Zip: AVENTURA FL 33160

Title MRS
Name PARDO, CRISTINA
Address 17111 BISCAYNE BLVD.
2203
City-State-Zip: NORTH MIAMI BEACH FL 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

01/19/2020

Electronic Signature of Signing Officer/Director Detail

Date