

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000104686

**FILED**  
**Jan 06, 2016**  
**Secretary of State**  
**CC3670174152**

**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 10275 COLLINS AVENUE  
#924  
City-State-Zip: BAL HARBOUR FL 33154

Title MRS  
Name PARDO, CRISTINA  
Address 10275 COLLINS AVENUE  
#924  
City-State-Zip: BAL HARBOUR FL 33154

*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**

**01/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date