

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000022121

Entity Name: FUENTE INSURANCE INC.

Current Principal Place of Business:

3901 N.W. 79TH AVE.
SUITE 234
MIAMI, FL 33166

Current Mailing Address:

3901 N.W. 79TH AVE.
SUITE 234
MIAMI, FL 33166

FEI Number: 80-0560969

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARUS, CARLOS A
15437 SW 9TH TERRACE
MIAMI, FL 33194 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 P
Name CARUS, CARLOS A
Address 3901 N.W. 79TH AVE. SUITE 234
City-State-Zip: MIAMI FL 33166

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: CARLOS CARUS

PRESIDENT

01/14/2017

Electronic Signature of Signing Officer/Director Detail

Date