## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000093894

Entity Name: ESMERALDA INSURANCE CORP

**Current Principal Place of Business:** 

80 SW 8TH ST 2000

MIAMI, FL 33130

## **Current Mailing Address:**

80 SW 8TH ST 2000 MIAMI, FL 33130 US

1411, 11411, 1 2 00 100 00

FEI Number: 81-4539224 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

CRISTIA, SADIR H 1050 NW 44 AVE 100 MIAMI, FL 33126 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

FILED Mar 19, 2018

**Secretary of State** 

CC6927660539

## Officer/Director Detail:

Title PTS

Name CRISTIA, SADIR H Address 1050 NW 44 AVE

100

SIGNATURE: SADIR H CRISTIA

City-State-Zip: MIAMI FL 33126

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.

Electronic Signature of Signing Officer/Director Detail

OWNER

03/19/2018

Date