

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004071

Entity Name: THE LATIN ACADEMY OF RECORDING ARTS & SCIENCES, INC.**FILED**
May 02, 2020
Secretary of State
7340430675CC**Current Principal Place of Business:**3470 NW 82ND AVE.
STE. 600
DORAL, FL 33122**Current Mailing Address:**3470 NW 82ND AVE.
STE. 600
DORAL, FL 33122 US**FEI Number: 95-4501165****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CFO
Name	AGUIRRE, JAVIER
Address	3470 NW 82ND AVE. STE. 600
City-State-Zip:	DORAL FL 33122

Title	SECRETARY
Name	REIS, ALOYSIO
Address	3470 NW 82ND AVE. STE. 600
City-State-Zip:	DORAL FL 33122

Title	DIRECTOR / VICE PRESIDENT
Name	SCORZA, AIDA
Address	3470 NW 82ND AVE. STE. 600
City-State-Zip:	DORAL FL 33122

Title	DIRECTOR
Name	DOUSDEBEDES, LUIS
Address	3470 NW 82ND AVE. STE. 600
City-State-Zip:	DORAL FL 33122

Title	PRESIDENT / CEO / DIRECTOR
Name	ABAROA, GABRIEL
Address	3470 NW 82ND AVE. STE. 600
City-State-Zip:	DORAL FL 33122

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUIS DOUSDEBEDES**DIRECTOR****05/02/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date