

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004112

Entity Name: AMERANT INVESTMENTS, INC**Current Principal Place of Business:**C/O AMERANT BANK LEGAL DEPARTMENT
220 ALHAMBRA CIRCLE
CORAL GABLES , FL 33134**Current Mailing Address:**C/O AMERANT BANK LEGAL DEPARTMENT
220 ALHAMBRA CIRCLE
CORAL GABLES , FL 33134 US**FEI Number:** 65-1126480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**S. MARSHALL MARTIN
220 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES, FL 33134 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	DIRECTOR
Name	CAPRILES, ALBERTO
Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134
Title	OFFICER
Name	GUERRERO, SERGIO
Address	220 ALHAMBRA CIRCLE, 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR
Name	LEVINE, HOWARD
Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134
Title	SECRETARY
Name	PENA, JULIO
Address	220 ALHAMBRA CIRCLE, 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	IAFIGLIOLA, CARLOS
Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR
Name	GARGANTA, ANDY
Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR
Name	CALDERON, SHARYMAR
Address	220 ALHAMBRA CIRCLE, 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134
Title	ASST. SECRETARY
Name	MARTIN, S. MARSHALL
Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

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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: MARTIN , S. MARSHALL**ASST. SECRETARY, BY** 04/15/2024
JACK HIGGINS,
ATTORNEY-IN-FACT_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	CHICA, MANUEL
Address	220 ALHAMBRA CIRCLE 12TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134