

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004112

Entity Name: AMERANT INVESTMENTS, INC**Current Principal Place of Business:**220 ALHAMBRA CIRCLE, 2ND FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**220 ALHAMBRA CIRCLE, 2ND FLOOR
CORAL GABLES, FL 33134 US**FEI Number:** 65-1126480**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIRCLE, 2ND 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 D
Name CAPRILES, ALBERTO
Address 220 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN, DIRECTOR
Name IAFIGLIOLA, CARLOS
Address 220 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title O
Name GUERRERO, SERGIO
Address 220 ALHAMBRA CIRCLE, 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name RIVERO, FRANCISCO
Address 220 ALHAMBRA CIRCLE 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title D, VC
Name PALACIOS, MIGUEL
Address 220 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title S
Name MENDOZA, ALBERTO
Address 220 ALHAMBRA CIRCLE, 11TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name PARRA, PEDRO
Address 220 ALHAMBRA CIRCLE 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33134

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: CAPRILES , ALBERTO

D

06/16/2022

Electronic Signature of Signing Officer/Director Detail

Date