# F19 (CCCC1372

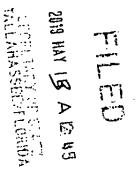
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

Division of Corporations			
SUBJECT: ZARMO INVERSION	ES Y S	ERVICIOS	S.A. INC.
Na	une of Corpo	ation	
DOCUMENT NUMBER: F19000001372			
The enclosed Affidavit by Foreign Corporation submitted for filing.	ı to Change	(Add Officer(s) and	Vor Director(s) and fee
Please return all correspondence concerning thi	s matter to t	ne following:	
ANTONIO REGOJO			
Name of Contact Person			
AVENIDA LEGAL, LLC			
Firm/Company			
12550 BISCAYNE BLVD ST	E 110		
Address			
MIAMI, FL 33181			
City/State and Zip Code			
INFO@AVENIDALEGAL.	COM		
E-mail address: (to be used for future annual re	eport notifica	ion)	
For further information concerning this matter,	please call:		
ANTONIO REGOJO	,305	,814-8299	
Name of Contact Person	Area Code	& Daytime Telephone	e Number
Enclosed is a check made payable to the Florida	a Departmer	t of State for the fo	llowing amount:
S35.00 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Certific	Filling Fee & S52. Ind Copy onal copy is onal (Ad	50 Filing Fee, ifficate of Status & iffied Copy ditional copy is losed)
Mailing Address: Amendment Section	Street	Address:	
Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		



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## FILED

2019 HAY LB A 12: \$5

TALLAHASSEL/FLORIVA

#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only dut	ing the first calendar year of quantication)
ZARMO INVERSIONES Y S	
number is F19000001372	siness in Florida on 03/09/2019 and its Florida document
3. This corporation was formed under the le	ows of BOLIVIA
4. The name and address of each officer an	d/or director is as follows:
Title: CP	Name and Address MARIA ROSARIO MORENO
	1705 MOFFETT ST
	HOLLYWOOD, FL 33020
(Attach add	litional pages if necessary)
Uplice	CHAIRMAN, PRESIDENT Title of person signing
Signature of an officer or director	FILING FEE S35
yped or printed name of person signing	Make checks payable to Florida Department of State and Mail to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314
CR2E127 (8/98)	