

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000025940

Entity Name: INTERNACIONAL L.P. CORP

FILED  
Jan 29, 2012  
Secretary of State

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD.  
SUITE 1000 #019  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1600 PONCE DE LEON BLVD.  
SUITE 1000 #019  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 99-0364584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAETANO, PETRIZZO  
1600 PONCE DE LEON BLVD.  
SUITE 1000 #019  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GAETANO, PETRIZZO  
Address: 1600 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: LUIGI, PELLINO  
Address: 1600 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: ROSANNA, LEFANTE  
Address: 1600 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: S  
Name: GEMMA, LEFANTE F  
Address: 1600 PONCE DE LEON BLVD.  
City-St-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: GAETANO PETRIZZO

P

01/29/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date