

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G39117

Entity Name: INTEROCEANICA AGENCY, INC.**Current Principal Place of Business:**999 PONCE DE LEON BLVD
SUITE 910
CORAL GABLES, FL 33134**Current Mailing Address:**999 PONCE DE LEON BLVD
SUITE 910
CORAL GABLES, FL 33134**FEI Number:** 59-2298580**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT 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 PCEO
Name AGUDELO, CARLOS I
Address 999 PONCE DE LEON BLVD
SUITE 910
City-State-Zip: CORAL GABLES FL 33134

Title D
Name GAVIRIA, GUILLERMO
Address 999 PONCE DE LEON BLVD
SUITE 910
City-State-Zip: CORAL GABLES FL 33134

Title D
Name HENRIQUEZ, GUILLERMO
Address 999 PONCE DE LEON BLVD
SUITE 910
City-State-Zip: CORAL GABLES FL 33134

Title D
Name MEJIA, IVAN D
Address 999 PONCE DE LEON BLVD
SUITE 910
City-State-Zip: CORAL GABLES FL 33134

Title D
Name PENAGOS, OSCAR E
Address 999 PONCE DE LEON BLVD
SUITE 910
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ZAPATA, ROSALBA
Address 999 PONCE DE LEON BLVD
SUITE 910
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: CARLOS AGUDELO

CEO

01/28/2014

Electronic Signature of Signing Officer/Director Detail

Date