

**2017 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 900  
CORAL GABLES, FL 33134 US**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 CEO  
Name ALARCON, JUAN DAVID  
Address 999 PONCE DE LEON BLVD  
SUITE 900  
City-State-Zip: CORAL GABLES FL 33134

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

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

Title TREASURER  
Name ALVAREZ, MAURICIO  
Address 999 PONCE DE LEON BLVD  
SUITE 910  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name ESTRADA, MARCELA M  
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:** JUAN DAVID ALARCON

CEO

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date