#### 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.

PRESIDENT

#### SIGNATURE: JORGE O. PEREZ

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# M14620

Entity Name: L. V. P. AMERICAN DISTRIBUTORS, INC.

# **Current Principal Place of Business:**

14037 S.W. 139 CT MIAMI, FL 33186

#### **Current Mailing Address:**

P. O. BOX 971098 P.O. BOX 971098 MIAMI, FL 33197 US

# FEI Number: 59-2522324

## Name and Address of Current Registered Agent:

PEREZ, JORGE O. 12240 S.W. 186TH STREET MIAMI, FL 33177 US

## SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	PD	Title	SD
Name	PEREZ, JORGE O.	Name	PEREZ, LUCY V.
Address	12240 S.W. 186TH ST	Address	12240 S.W. 186TH ST
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL

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.

Certificate of Status Desired: Yes

FILED Mar 16, 2021 Secretary of State 2055152713CC

03/16/2021

Date

Date