

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000006136

**Entity Name:** HEROLD USA INC

**Current Principal Place of Business:**

969 NAUTICA DR  
WESTON, FL 33327

**Current Mailing Address:**

C/O ONE S.E. THIRD AVENUE  
SUITE 2250  
MIAMI, FL 33131

**FEI Number:** 56-2584354

**Certificate of Status Desired:** No

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

AMKE REGISTERED AGENTS LLC  
ONE S.E. THIRD AVENUE  
SUITE 2250  
MIAMI, FL 33131 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 D  
Name VANONI, SANDRO A  
Address 318 INDIAN TRACE #339  
City-State-Zip: WESTON FL 33326

Title D  
Name COGLITORE, SANDRO  
Address AV C.J. AROSEMENA KM 3  
City-State-Zip: GUAYAQUIL

Title D  
Name VANONI, MARIA A  
Address AV C.J. AROSEMENA KM 3  
City-State-Zip: GUAYAQUIL

Title D  
Name VANONI D., XAVIER  
Address 318 INDIAN TRACE #339  
City-State-Zip: WESTON FL 33326

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:** SANDRO COGLITORE

**DIRECTOR**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date