## above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

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

## SIGNATURE: PAREDES SALAZAR, NOE

PAREDES SALAZAR, NOE Nar Adc

Title	DIRECTOR
Name	PAREDES MEZA, NORMA
Address	2875 NE 191 STREET SUITE 801
City-State-Zip:	AVENTURA FL 33180

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.

MIAMI, FL 33131	
Current Mailing Address:	

Electronic Signature of Registered Agent

C/O SUAREZ VEGA 25 SE 2 AVE 410 MIAMI, FL 33131 US

C/O SUAREZ VEGA 25 SE 2 AVE 410

DOCUMENT# P05000058421

Entity Name: PAREDES USA INC.

**Current Principal Place of Business:** 

## FEI Number: 20-2704177

**Officer/Director Detail :** 

DP

Title

Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip:

## Name and Address of Current Registered Agent:

SIGNATURE: JOSE M VEGA, PRESIDENT

2875 NE 191 STREET

AVENTURA FL 33180

PAREDES MEZA, NOE

2875 NE 191 STREET

AVENTURA FL 33180

**SUITE 801** 

SECRETARY

SUITE 801

SUAREZ VEGA & ASSOCIATES INC 25 SE 2 AVE 410 MIAMI, FL 33131 US

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT	

Apr 05, 2019 Secretary of State 8727036033CC

FILED

Certificate of Status Desired: No

04/05/2019

04/05/2019

Date

PRESIDENT