

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000108975

**Entity Name:** NOVOPAYMENT INC.**Current Principal Place of Business:**3520 MARY STREET  
SUITE 103  
MIAMI, FL 33133**Current Mailing Address:**3520 MARY STREET  
SUITE 103  
MIAMI, FL 33133 US**FEI Number:** 26-1299486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALVAREZ ARRIETA & DIAZ-SILVEIRA, LLP  
1001 BRICKELL BAY DRIVE  
SUITE 2110  
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	GARCIA-NEVETT, OSCAR J
Address	1111 BRICKELL AVENUE, SUITE 1580
City-State-Zip:	MIAMI FL 33131

Title	D
Name	GARCIA-MENDOZA, OSCAR
Address	1111 BRICKELL AVENUE, SUITE 1580
City-State-Zip:	MIAMI FL 33131

Title	D
Name	SAHAGUN-ORTIZ, JESUS
Address	1111 BRICKELL AVENUE, SUITE 1580
City-State-Zip:	MIAMI FL 33131

Title	D
Name	PEREZ-MORENO, ANABEL
Address	1111 BRICKELL AVENUE, SUITE 1580
City-State-Zip:	MIAMI FL 33131

Title	D
Name	NEVETT-GIMON, JORGE
Address	1111 BRICKELL AVENUE, SUITE 1580
City-State-Zip:	MIAMI FL 33131

Title	D
Name	FRIAS, ALVARO
Address	1111 BRICKELL AVENUE, SUITE 1580
City-State-Zip:	MIAMI FL 33131

*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:** GARCIA-NEVETT , OSCAR J

D

04/19/2018

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