

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000068056

**Entity Name:** INNOVA COLLEGE VIRTUAL CAMPUS, INC.**Current Principal Place of Business:**111 NE 1ST STREET  
SUITE 300  
MIAMI, FL 33131**Current Mailing Address:**111 NE 1ST STREET  
SUITE 300  
MIAMI, FL 33131 US**FEI Number:** 80-0226377**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, BROOKS C  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 4300  
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, PRESIDENT, CEO             |
| Name            | MALDONADO VILLASENOR, ERICH R |
| Address         | 2240 ALAMEDA                  |
| City-State-Zip: | SANTIAGO CENTRO XX XX         |

|                 |                                |
|-----------------|--------------------------------|
| Title           | D                              |
| Name            | GIORDANO COVARRUBIAS, RUBEN    |
| Address         | 2240 ALAMEDA                   |
| City-State-Zip: | SANTIAGO CENTRO SANTIAGO XX XX |

|                 |                                |
|-----------------|--------------------------------|
| Title           | D, VP, SECRETARY               |
| Name            | HERANE, MARIO                  |
| Address         | 111 NE 1ST STREET<br>SUITE 300 |
| City-State-Zip: | MIAMI FL 33131                 |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | CORTES, CRISTIAN      |
| Address         | 2240 ALAMEDA          |
| City-State-Zip: | SANTIAGO CENTRO XX XX |

|                 |                           |
|-----------------|---------------------------|
| Title           | D                         |
| Name            | SOTO, PATRICIO            |
| Address         | AV. AMERICO VESPUCIO 357  |
| City-State-Zip: | LAS CONDES SANTIAGO XX XX |

*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:** MARIO HERANE

VP, SECRETARY

02/09/2016

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