

2018 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
100 SE 2ND ST.
SUITE 3900
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 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**SECRETARY****03/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date