

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078942

**Entity Name:** ICON 40 CORPORATION

**Current Principal Place of Business:**

1000 BRICKELL AVENUE  
SUITE # 400  
MIAMI, FL 33131

**Current Mailing Address:**

1000 BRICKELL AVENUE  
SUITE # 400  
MIAMI, FL 33131 US

**FEI Number:** 99-0361610

**Certificate of Status Desired:** No

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

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, SUITE 400  
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 MAILHOS, CRISTINA  
Address 495 BRICKELL AVENUE, UNIT 4007  
City-State-Zip: MIAMI FL 33131

Title VP  
Name MORIXE, IGNACIO  
Address 495 BRICKELL AVENUE  
UNIT 4007  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name MORIXE, FEDERICO  
Address 495 BRICKELL AVENUE  
UNIT 4007  
City-State-Zip: MIAMI FL 33131

Title VP  
Name MORIXE, JOAQUIN  
Address 495 BRICKELL AVENUE  
UNIT 4007  
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:** MORIXE , FEDERICO

**SECRETARY, BY  
LYNNETTE PENALBERT,  
ATTORNEY-IN-FACT**

**02/25/2020**

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

\_\_\_\_\_  
Date

