

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000027635

**Entity Name:** COIGNFRA CO.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-5036679

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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	P	Title	V
Name	SUAREZ, MARCELO S	Name	VEGEGA, DANIEL H
Address	7900 NW 21TH ST	Address	7900 NW 21TH ST
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122
Title	T	Title	OFFICER
Name	COIGNFRA S.A.	Name	MUCENIEKS, ISIS
Address	BEAUCHEFF 4875, AREA PROMOCION EL TRIANGULO, GRAND BOURG, CP 1615, PCIA	Address	7900 NW 21TH ST
City-State-Zip:	BUENOS AIRES	City-State-Zip:	DORAL FL 33122

*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:** ISIS SOLAGEL MUCENIEKS

**OFFICER**

**04/22/2019**

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

\_\_\_\_\_  
Date