

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000004999

Entity Name: ATTON HOTELS USA, INC.**Current Principal Place of Business:**1500 SW 1ST AVENUE
MIAMI, FL 33129**Current Mailing Address:**1500 SW 1ST AVENUE
MIAMI, FL 33129 US**FEI Number:** 37-1712430**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI
200 SOUTH BISCAYNE BOULEVARD
SUITE 4100 (LAD)
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 | CEO, DIRECTOR |
| Name | TAMES, MANUEL |
| Address | 1500 SW 1ST AVENUE |
| City-State-Zip: | MIAMI FL 33129 |

| | |
|-----------------|--------------------|
| Title | CFO, DIRECTOR |
| Name | VALENZUELA, PABLO |
| Address | 1500 SW 1ST AVENUE |
| City-State-Zip: | MIAMI FL 33129 |

| | |
|-----------------|--------------------|
| Title | DIRECTOR |
| Name | SOLARI, ANDRES |
| Address | 1500 SW 1ST AVENUE |
| City-State-Zip: | MIAMI FL 33129 |

| | |
|-----------------|--------------------|
| Title | DIRECTOR |
| Name | RIAL, MAURO |
| Address | 1500 SW 1ST AVENUE |
| City-State-Zip: | MIAMI FL 33129 |

| | |
|-----------------|--------------------|
| Title | DIRECTOR |
| Name | PERO, ALFONSO |
| Address | 1500 SW 1ST AVENUE |
| City-State-Zip: | MIAMI FL 33129 |

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: MANUEL TAMES

CEO

02/07/2023

Electronic Signature of Signing Officer/Director Detail_____
Date