

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000088284

Entity Name: BYME USA, INC.**Current Principal Place of Business:**2, S. BISCAYNE BLVD.
SUITE 1800
MIAMI, FL 33131**Current Mailing Address:**2, S. BISCAYNE BLVD.
SUITE 1800
MIAMI, FL 33131 US**FEI Number:** 46-4045432**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOURGOIGNIE, P. TRISTAN
1200 ANASTASIA AVENUE
SUITE 410
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, DIRECTOR
Name	PELLETIER, JACQUES M
Address	2, S. BISCAYNE BLVD, SUITE 2000
City-State-Zip:	MIAMI FL 33131

Title	VP,T
Name	BAUDIN DE LA VALETTE, JEAN BAPTISTE
Address	2, S. BISCAYNE BLVD, SUITE 2000
City-State-Zip:	MIAMI FL 33131

Title	S
Name	BOURGOIGNIE, P. TRISTAN
Address	1200 ANASTASIA AVENUE, SUITE 410
City-State-Zip:	CORAL GABLES, FL 33134

Title	DIRECTOR
Name	BILAINE, CHRISTOPHE
Address	2, S. BISCAYNE BLVD. SUITE 2000
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	PASQUET, FREDERIC
Address	2, S. BISCAYNE BLVD. SUITE 2000
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: P. TRISTAN BOURGOIGNIE**SECRETARY****05/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date