

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000006835

Entity Name: TORRE OPERA 2112 CORP.**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**FEI Number:** 46-4647456**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	PD
Name	URIBE CORREA, VICTOR RICARDO
Address	CRA. 76A, NO. 131-60, APTO 607, TORRE 6
City-State-Zip:	BOGOTA, COLOMBIA XX XX

Title	VPD
Name	PABON DE URIBE, MIREYA
Address	CRA. 76A, NO. 131-60, APTO 607, TORRE 6
City-State-Zip:	BOGOTA, COLOMBIA XX XX

Title	T
Name	URIBE PABON, JOSE RICARDO
Address	CRA. 76A, NO. 131-60, APTO 607, TORRE 6
City-State-Zip:	BOGOTA, COLOMBIA XX XX

Title	S
Name	URIBE PABON, CAROLINA
Address	CRA. 76A, NO. 131-60, APTO 607, TORRE 6
City-State-Zip:	BOGOTA, COLOMBIA 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: VICTOR RICARDO URIBE CORREA**PRESIDENT****02/18/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date