

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000078112

Entity Name: ELBRUS INC.**Current Principal Place of Business:**2950 SW 27TH AVENUE
SUITE 220
MIAMI, FL 33133**Current Mailing Address:**2950 SW 27TH AVENUE
SUITE 220
MIAMI, FL 33133 US**FEI Number:** 47-2149287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI
200 SOUTH BISCAYNE BLVD.
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 | Title | PRESIDENT |
| Name | HORWITZ, VIOLETA | Name | PERO, ALFONSO |
| Address | 2950 SW 27TH AVENUE SUITE 220 | Address | 2950 SW 27TH AVENUE SUITE 220 |
| City-State-Zip: | MIAMI FL 33133 | City-State-Zip: | MIAMI FL 33133 |
| Title | VICE PRESIDENT | Title | DIRECTOR / TREASURER |
| Name | ALLIENDE, CRISTIAN | Name | SOLARI URQUIETA, ANDRES |
| Address | 2950 SW 27TH AVENUE SUITE 220 | Address | 2950 SW 27TH AVENUE SUITE 220 |
| City-State-Zip: | MIAMI FL 33133 | City-State-Zip: | MIAMI FL 33133 |
| Title | SECRETARY | Title | VICE PRESIDENT |
| Name | DE ARMAS, LUIS A. | Name | GANNA, RODRIGO |
| Address | 200 S. BISCAYNE BLVD. SUITE 4100 | Address | 2950 SW 27TH AVENUE SUITE 220 |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33133 |

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: DE ARMAS , LUIS A.**SECRETARY****02/22/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date