

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000013221

**Entity Name:** NCLAVE US CORP.

**Current Principal Place of Business:**

999 BRICKELL BAY DRIVE  
UNIT 1503, TOWER 1  
MIAMI, FL 33131

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**7670592141CC**

**Current Mailing Address:**

999 BRICKELL BAY DRIVE  
UNIT 1503, TOWER 1  
MIAMI, FL 33131 US

**FEI Number:** 35-2553838

**Certificate of Status Desired:** No

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

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD., STE. 1225  
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 D, PRESIDENT  
Name CLAVIJO REINARES, CRISTINA  
Address AVDA. ENTRENA NO. 16 LARDERO  
City-State-Zip: LA RIOJA, SPAIN AL

Title CEO, CHAIRMAN  
Name FERNANDEZ HERNANSAIZ, JOSE RAMON  
Address 999 BRICKELL BAY DRIVE  
UNIT 1503, TOWER 1  
City-State-Zip: MIAMI FL 33131

Title VP, DIRECTOR  
Name BAUCOU, LAURENT  
Address 999 BRICKELL BAY DRIVE  
UNIT 1503, TOWER 1  
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:** CRISTINA CLAVIJO REINARES

**DIRECTOR, PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date