

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000058881

**Entity Name:** INVERSIONES 4443, INC.

**Current Principal Place of Business:**

C/O HECTOR J MIR  
815 PONCE DE LEON BOULEVARD 3RD FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O IADVISE  
747 3RD AVENUE STE 34B  
NEW YORK, NY 10017 US

**FEI Number:** 82-0803008

**Certificate of Status Desired:** No

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

MIR, HECTOR J  
815 PONCE DELEON BOULEVARD  
3RD FLOOR  
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:** HECTOR J MIR

04/10/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name STANCHIERI, MAURO  
Address C/O HECTOR J MIR  
815 PONCE DE LEON BOULEVARD  
3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name STANCHIERI, ANNA  
Address C/O HECTOR J MIR  
815 PONCE DE LEON BOULEVARD  
3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name STANCHIERI, STEFANIA  
Address C/O HECTOR J MIR  
815 PONCE DE LEON BOULEVARD  
3RD FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name GIL, VICTOR M  
Address C/O IADVISE  
747 3RD AVENUE STE 34B  
City-State-Zip: NEW YORK NY 10017

*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:** ANNA STANCHIERI

**DIRECTOR**

04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date