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

SIGNATURE: ALEJANDRO MAULINI

Electronic Signature of Signing Officer/Director Detail

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:

**Officer/Director Detail :** Title Title VP Ρ MAULINI, ALEJANDRO ALSINA ANGURELL, KAREL A Name Name 3340 SW 139 AVE 7751 SW 133 AVE Address Address City-State-Zip: MIAMI FL 33175 City-State-Zip: MIAMI FL 33183

#### 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000007026

Entity Name: ALMACODI CORP

### **Current Principal Place of Business:**

5600 SW 135 AVE SUITE 200A MIAMI, FL 33183

#### **Current Mailing Address:**

3340 SW 139 AVE MIAMI, FL 33175

## FEI Number: 81-5074270

### Name and Address of Current Registered Agent:

MAULINI, ALEJANDRO 5600 SW 135 AVE SUITE 200A MIAMI, FL 33183 US

Electronic Signature of Registered Agent

above, or on an attachment with all other like empowered.

PRESIDENT

04/24/2019

Date

## FILED Apr 24, 2019 Secretary of State 9193242452CC

Certificate of Status Desired: No

Date