

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000076234

Entity Name: ZILUX CORP**Current Principal Place of Business:**2525 PONCE DE LEON BLVD,
SUITE 300
CORAL GABLES, FL 33134**Current Mailing Address:**2525 PONCE DE LEON BLVD,
SUITE 300
CORAL GABLES, FL 33134 US**FEI Number:** 37-1870286**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROSTOV, EUGENE A
2525 PONCE DE LEON BLVD,
SUITE 300
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	CHIEF SCIENCE OFFICER AND DIRECTOR
Name	OLIVEIRA, SERGIO
Address	RUA VENANCIO AIRES, 278 APT 92
City-State-Zip:	SAO PAULO SP 05024030

Title	CHIEF TECHNOLOGY OFFICER AND DIRECTOR
Name	LAMBERT, JOAO
Address	RUA PEREIRA LEITE, 70 SUMAREZINHO APT 109
City-State-Zip:	SAO PAULO SP 05442-000

Title	COO, SECRETARY, DIRECTOR
Name	ROSTOV, EUGENE A.
Address	2525 PONCE DE LEON BLVD, SUITE 300
City-State-Zip:	CORAL GABLES FL 33134

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: EUGENE A. ROSTOV**COO, SECRETARY &
DIRECTOR****07/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date