

2020 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 OPERATING OFFICER AND
DIRECTOR**Name** PAPERT, HARLAN J.**Address** 9417 ENMORE LANE**City-State-Zip:** FRISCO TX 75035**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** VICE PRESIDENT - LEGAL,
SECRETARY AND 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**VP & SECRETARY****06/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date