

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000001889

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**3905993123CC**

**Entity Name:** LAFAC CORPORATION

**Current Principal Place of Business:**

16901 COLLINS AVE., UNIT 3205  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16901 COLLINS AVE., UNIT 3205  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CORPORATE MAINTENACE SERVICES, LLC  
1000 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131 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            DIR  
Name            INES DE OLIVEIRA, ELAINE  
Address        16901 COLLINS AVE., UNIT 3205  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            D,P  
Name            SCHMIDT DE OLIVEIRA, CARLOS  
                    FRANCISCO  
Address        16901 COLLINS AVE., UNIT 3205  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** ELAINE INES DE OLIVEIRA

**EMILY MOSCA,**  
**ATTORNEY-IN-FACT**

**04/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date