

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000087537

**Entity Name:** ICONO MIAMI USA, INC

**Current Principal Place of Business:**

36 NE 1 ST STREET  
SUITE 621  
MIAMI, FL 33132

**Current Mailing Address:**

36 NE 1 ST STREET  
SUITE 621  
MIAMI, FL 33132 US

**FEI Number:** 83-2301128

**Certificate of Status Desired:** No

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

RICARDO , OVED  
36 NE 1 ST STREET  
SUITE 621  
MIAMI, FL 33132 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:** RICARDO OVED

01/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            HALFON, ISAAC H  
Address        36 NE 1 ST STREET  
                  SUITE 621  
City-State-Zip: MIAMI FL 33132

Title            SECRETARY  
Name            LEVY, ISAAC H  
Address        36 NE 1 ST STREET  
                  SUITE 621  
City-State-Zip: MIAMI FL 33132

Title            SECRETARY  
Name            DANIEL, DANTUS  
Address        36 NE 1 ST STREET  
                  SUITE 621  
City-State-Zip: MIAMI FL 33132

Title            EXECUTIVE SECRETARY  
Name            RITA, COHEN  
Address        36 NE 1 ST STREET  
                  SUITE 621  
City-State-Zip: MIAMI FL 33132

Title            MANAGER  
Name            RICARDO , OVED  
Address        36 NE 1 ST STREET  
                  SUITE 621  
City-State-Zip: MIAMI FL 33132

*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:** RICARDO OVED

MANAGER

01/13/2021

Electronic Signature of Signing Officer/Director Detail

Date