

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000098621

**Entity Name:** INVERTRAVEL USA CORP

**Current Principal Place of Business:**

4713 CASON COVE DR  
1608  
ORLANDO, FL 32811

**Current Mailing Address:**

4713 CASON COVE DR  
1608  
ORLANDO, FL 32811 US

**FEI Number:** 36-4917451

**Certificate of Status Desired:** No

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

GOMEZ, PEDRO E  
4713 CASON COVE DR  
1608  
ORLANDO, FL 32811 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            P  
Name            GOMEZ, PEDRO E  
Address        4713 CASON COVE DR APT 1608  
City-State-Zip: ORLANDO FL 32811

Title            VP  
Name            BONALDE, SERGIO S  
Address        4713 CASON COVE DR APT 1608  
City-State-Zip: ORLANDO FL 32811

*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:** PEDRO GOMEZ

P

04/10/2019

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

\_\_\_\_\_  
Date