

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000007243

**Entity Name:** SUNDANCE AVSEC CONTROL & SERVICE, CORP

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**4015039560CC**

**Current Principal Place of Business:**

8400 NW 36TH ST  
STE 450  
DORAL, FL 33166

**Current Mailing Address:**

8400 NW 36TH ST  
STE 450  
DORAL, FL 33166 US

**FEI Number: 83-3369979**

**Certificate of Status Desired: No**

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

ALEX PINA CO.  
8400 NW 36TH ST  
STE 450  
DORAL, FL 33166 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 CASTRO, ANDRES H  
Address 8400 NW 36TH ST STE 450  
City-State-Zip: DORAL FL 33166

Title VP  
Name MESA VILLALOBOS, GUSTAVO O  
Address 8400 NW 36TH ST STE 450  
City-State-Zip: DORAL FL 33166

Title D  
Name PEREDA GUZMAN, HAYDEE P  
Address 8400 NW 36TH ST STE 450  
City-State-Zip: DORAL FL 33166

Title D  
Name GARRIDO VILLAMIZAR, GUILLERMO  
Address 8400 NW 36TH ST STE 450  
City-State-Zip: DORAL FL 33166

*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: ANDRES H CASTRO**

**PRESIDENT**

**06/30/2020**

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

\_\_\_\_\_  
Date