## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000076018

Entity Name: LA ONE USA, INC.

**Current Principal Place of Business:** 

16711 COLLINS AVENUE

**SUITE 1601** 

SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:** 

17501 BISCAYNE BLVD.

SUITE 400

AVENTURA, FL 33160

FEI Number: 84-3324639 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BOCKING, JUAN ALBERTO** 17501 BISCAYNE BLVD. SUITE 400 AVENTURA, FL 33160 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Feb 25, 2020

**Secretary of State** 

1512447641CC

Officer/Director Detail:

Title Title VPD

Name VIVO, ANDREINA MARIA Name **BOCKING, JUAN ALBERTO** 

16711 COLLINS AVENUE 16711 COLLINS AVENUE Address Address

**SUITE 1601 SUITE 1601** 

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title **DIRECTOR** Title **DIRECTOR** 

Name **BOCKING VIVO, ANDREINA MARIA** Name **BOCKING VIVO, ALBERTO JUAN** 

Address 16711 COLLINS AVENUE Address 16711 COLLINS AVENUE

**SUITE 1601 SUITE 1601** 

SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR Title DIRECTOR

**BOCKING VIVO, MARIA BOCKING VIVO, RODRIGO** Name Name

16711 COLLINS AVENUE 16711 COLLINS AVENUE Address Address

> **SUITE 1601 SUITE 1601**

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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.