

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000092324

**Entity Name:** DISTRIVALTO U.S.A., INC.

**Current Principal Place of Business:**

2020 PONCE DE LEON BLVD  
STE 1004  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2020 PONCE DE LEON BLVD  
STE 1004  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0881198

**Certificate of Status Desired:** No

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

BRIELE, AIDA E  
2525 PONCE DE LEON BLVD  
SUITE 300  
CORAL GABLES, FL 33134 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:** AIDA BRIELE

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name VALERA, JOSE LUIS  
Address 2020 PONCE DE LEON BLVD  
1004  
City-State-Zip: MIAMI FL 33134

Title VSD  
Name TORRES DE VALERA, NALVIS  
Address 2020 PONCE DE LEON BLVD  
1004  
City-State-Zip: MIAMI FL 33134

Title T  
Name NOLTE, VANESSA V  
Address 2020 PONCE DE LEON  
1004  
City-State-Zip: MIAMI FL 33134

Title DIR  
Name VALERA, DIEGO  
Address 2020 PONCE DE LEON  
1004  
City-State-Zip: MIAMI FL 33134

*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:** VANESSA V NOLTE

ACCOUNTING MANAGER 02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date