

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S04906

**Entity Name:** TECNORAVIA INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
STE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
STE 400  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0221731

**Certificate of Status Desired:** Yes

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

FIDALGO, LUISA CAMERO  
220 ALHAMBRA CIRCLE  
STE 400  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DV  
Name CAMERO, OMAR GERARDO  
Address 220 ALHAMBRA CIRCLE  
STE 400  
City-State-Zip: CORAL GABLES FL 33134

Title DV  
Name CAMERO, MARTIN N.  
Address 220 ALHAMBRA CIRCLE  
STE 400  
City-State-Zip: CORAL GABLES FL 33134

Title STD  
Name CAMERO FIDALGO, LUISA  
Address 220 ALHAMBRA CIRCLE  
STE 400  
City-State-Zip: CORAL GABLES FL 33134

Title P  
Name CAMERO ZAMORA, OMAR NICOLAS  
Address 220 ALHAMBRA CIRCLE  
STE 400  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name ROJAS, ARTURO  
Address 220 ALHAMBRA CIRCLE  
STE 400  
City-State-Zip: CORAL GABLES 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:** ARTURO A ROJAS

**MGR**

**04/04/2024**

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

\_\_\_\_\_  
Date