

2019 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	DP
Name	FIDALGO, EDWARD M
Address	220 ALHAMBRA CIRCLE STE 400
City-State-Zip:	CORAL GABLES FL 33134

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	DV
Name	CAMERO, OMAR
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 ROJAS

MANAGER

04/03/2019

Electronic Signature of Signing Officer/Director Detail_____
Date