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. PTD SIGNATURE: JUAN LUIS ROSPIGLIOSI

#### DOCUMENT# S21117

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: PIPO'S TRAVEL CORPORATION

# **Current Principal Place of Business:**

2333 BRICKELL AVE MEZZANINE UL4 MIAMI, FL 33129

# **Current Mailing Address:**

1313 PONCE DE LEON BLVD SUITE 201 CORAL GABLES, FL 33134 US

# FEI Number: 65-0238867

# Name and Address of Current Registered Agent:

ROSPIGLIOSI, JUAN LUIS 2333 BRICKELL AVE MEZZANINE UL4 MIAMI, FL 33129 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

# **Officer/Director Detail :**

Oncer/Director Detail.				
	Title	PTD	Title	VSD
	Name	ROSPIGLIOSI, JUAN LUIS	Name	ROSPIGLIOSI, MARITZA
	Address	2333 BRICKELL AVE MEZZANINE UL4	Address	2333 BRICKELL AVE MEZZANINE UL4
	City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129

Electronic Signature of Signing Officer/Director Detail

FILED Mar 19, 2019 Secretary of State 6245533585CC

Certificate of Status Desired: No

03/19/2019

Date

Date