

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004202

Entity Name: BEDDING INDUSTRIAL BEGUDA NORTH AMERICA INC.**Current Principal Place of Business:**2000 PONCE DE LEON BLVD.
SUITE 625
CORAL GABLES, FL 33134**Current Mailing Address:**2000 PONCE DE LEON BLVD.
SUITE 625
CORAL GABLES, FL 33134 US**FEI Number:** 61-1707424**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	TREASURER
Name	CUROS BANDRANAS, FERRAN
Address	2000 PONCE DE LEON BLVD. SUITE 625
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	ANGLADA VENTURA, GEMMA
Address	2000 PONCE DE LEON BLVD. SUITE 625
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT
Name	CUROS SAMTAEULARIA, JOAN
Address	2000 PONCE DE LEON BLVD. SUITE 625
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	NART, MANEL
Address	2000 PONCE DE LEON BLVD. SUITE 625
City-State-Zip:	CORAL GABLES FL 33134

Title	AUTHORIZED PERSON
Name	RUIZ , XAVIER
Address	300 W. HEATHER DR.
City-State-Zip:	KEY BISCAYNE FL 33149

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: XAVIER RUIZ

AUTHORIZED PERSON

01/16/2019

Electronic Signature of Signing Officer/Director Detail_____
Date