

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004846

Entity Name: DW DOMINICAN WINGS, S.A., CO.**Current Principal Place of Business:**1313 PONCE DE LEON BLVD.
201
CORAL GABLES, FL 33134**Current Mailing Address:**1313 PONCE DE LEON BLVD.
201
CORAL GABLES, FL 33134 US**FEI Number:** 98-1304881**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERO, MANUEL
1313 PONCE DE LEON BLVD.
SUITE 201
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:** MANUEL RIVERO

02/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MENDEZ, VICTOR
Address AV. ABRAHAM LINCOLN #396 ENS LA JULIA
City-State-Zip: SANTO DOMINGO

Title S
Name FORBERG, GARDAR
Address ABRAHAM LINCOLN AVE JACINTO MANON ST
#1069 TORRE EJECUTIVA SONORA STE. 601 ENS SERRALES
City-State-Zip: STO. DOMINGO

Title VP
Name MAJAIL, MOURAD
Address ABRAHAM LINCOLN AVE AND JACINTO MANON ST
#1069 TORRE EJECUTIVA SONORA STE. 601 ENS SERRALES
City-State-Zip: STO DOMINGO

Title T
Name MASSON, DAVID
Address ABRAHAM LINCOLN AVE AND JACINTO MANON ST #1069 TORRE EJECUTIVA SONORA STE 601 ENS SERRALES
City-State-Zip: STO. DOMINGO

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: VICTOR MENDEZ

P

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date