

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000005572

**Entity Name:** DESIGN GROUP LATIN AMERICA INC.**Current Principal Place of Business:**10705 NW 33RD STREET, SUITE 100  
DORAL, FL 33172**Current Mailing Address:**10705 NW 33RD STREET, SUITE 100  
DORAL, FL 33172**FEI Number:** 98-1335083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALDES, FERNANDO  
10705 NW 33RD STREET, SUITE 100  
DORAL, FL 33172 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	CP
Name	CASARIN, ARIO
Address	DOCTOR PORTILLO CA 78 CON AV 34 CC SALTO
City-State-Zip:	ANGEL N/A SANTA LUCIA MARAC AL

Title	VCVP
Name	CASARIN, MICHELLE
Address	DOCTOR PORTILLO CA 78 CON AV 34 CC SALTO
City-State-Zip:	ANGEL N/A SANTA LUCIA MARAC AL

Title	DS
Name	CASARIN, ALESSANDRO
Address	DOCTOR PORTILLO CA 78 CON AV 34 CC SALTO
City-State-Zip:	ANGEL N/A SANTA LUCIA MARAC AL

Title	DT
Name	CASARIN, GIANFRANCO
Address	DOCTOR PORTILLO CA 78 CON AV 34 CC SALTO
City-State-Zip:	ANGEL N/A SANTA LUCIA MARAC AL

*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:** ARIO CASARIN

CP

03/28/2017

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