

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003197

**Entity Name:** SELINA USA PAYMENTS CORPORATION

**Current Principal Place of Business:**

CALLE 5A, OESTE, CASA 8-38,  
CORREG. DE SAN FELIPE  
URBANIZACION CASCO VIEJO,

**Current Mailing Address:**

CALLE 5A, OESTE, CASA 8-38,  
CORREG. DE SAN FELIPE  
URBANIZACION CASCO VIEJO, PA

**FEI Number:** 82-1151726

**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 DS  
Name GERY, YOAV  
Address CALLE 5A, OESTE, CASA 8-38,  
City-State-Zip: URBANIZACION CASCO VIEJO

Title DT  
Name O'HAYON, STEVEN  
Address CALLE 5A, OESTE, CASA 8-38,  
City-State-Zip: URBANIZACION CASCO VIEJO

Title P  
Name MUSERI, RAFAEL  
Address CALLE 5A, OESTE, CASA 8-38,  
City-State-Zip: URBANIZACION CASCO VIEJO

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:** RAFAEL MUSERI

**PRESIDENT**

**02/27/2018**

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

\_\_\_\_\_  
Date