

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003197

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**4556300487CC**

**Entity Name:** SELINA OPERATIONS US CORP.

**Current Principal Place of Business:**

437/445 SW 2 STREET  
MIAMI RIVER INN/CASA FLORIDA HOTEL  
MIAMI, FL 33130

**Current Mailing Address:**

437/445 SW 2 STREET  
MIAMI RIVER INN/CASA FLORIDA HOTEL  
MIAMI, FL 33130 US

**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           TREASURER  
Name           O'HAYON, STEVEN  
Address        12 VESTRY STREET  
                  6 FLOOR  
City-State-Zip: NEW YORK NY 10013

Title           DIRECTOR  
Name           MUSERI, RAFAEL  
Address        12 VESTRY STREET  
                  6 FLOOR  
City-State-Zip: NEW YORK NY 10013

Title           DIRECTOR  
Name           O'HAYON, MARCEL STEVEN  
Address        437/445 SW 2 STREET  
                  MIAMI RIVER INN/CASA FLORIDA  
                  HOTEL  
City-State-Zip: MIAMI FL 33130

*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: STEVEN O'HAYON**

**TREASURER**

**04/25/2023**

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

\_\_\_\_\_  
Date