2021 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F19000001593

Entity Name: LVA LUIS VIDAL USA INC.

Current Principal Place of Business:

1200 BRICKELL AVE
 SUITE 210
MIAMI, FL 33131

Current Mailing Address:

1200 BRICKELL AVE
 SUITE 210
MIAMI, FL 33131 US

FEI Number: 47-4542696

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FLR.
TALLAHASSEE, FL 32301 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	P		Title	VP
Name	VIDAL, LUIS		Name	LOPEZ TOME, DAVID
Address	CALLE DE VELAZQUEZ 76,4		Address	2918 BAGBY STREET, SUITE:200
City-State-Zip:	MADRID SPAIN 28001		City-State-Zip:	HOUSTON TX 77006
Title	S		Title	T
Name	CALLEJON, FERNANDO		Name	SANCHEZ DE OCANA, MANUEL
Address	CALLE DE VELAZQUEZ 76,4		Address	CALLE DE VELAZQUEZ 76,4
City-State-Zip:	MADRID SPAIN 28001		City-State-Zip:	MADRID SPAIN 28001
Title	VP		Title	VP
Name	TORREJON, OSCAR		Name	CUMELLAS, MARTA
Address	CALLE DE VELAZQUEZ 76,4		Address	CALLE DE VELAZQUEZ 76,4
City-State-Zip:	MADRID, SPAIN 28001		City-State-Zip:	MADRID, SPAIN 28001
Title	VP		Title	PRINCIPAL OFFICER
Name	SANJUAN, FRANCISCO		Name	EDWARDS, LOUIS
Address	CALLE DE VELAZQUEZ 76,4		Address	1620 WILLIAM BREWSTER
City-State-Zip:	MADRID, SPAIN 28001		City-State-Zip:	IRVING TX 75061

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: DAVID LOPEZ TOME   VP   11/17/2021

            Electronic Signature of Signing Officer/Director Detail   Date