

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003908

**Entity Name:** INTERCONTINENTAL CELLULOSE SALES, INC.

**FILED**  
**Mar 13, 2024**  
**Secretary of State**  
**5162758123CC**

**Current Principal Place of Business:**

8333 NW 53RD STREET  
SUITE 504  
DORAL, FL 33166

**Current Mailing Address:**

8333 NW 53RD STREET  
SUITE 504  
DORAL, FL 33166 US

**FEI Number:** 13-2978366

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASTILLO, JORGE  
8333 NW 53RD STREET  
SUITE 504  
DORAL, FL 33166 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            COO  
Name            FLYNN, MICHAEL  
Address        1800 ROUTE 34, BUILDING 4  
                  SUITE 401  
City-State-Zip: WALL NJ 07719

Title            MANAGING DIRECTOR  
Name            MELVIN, KEITH  
Address        1980 WILLAMETTE FALLS DRIVE  
                  SUITE 210  
City-State-Zip: WEST LINN OR 97068

Title            VP  
Name            COOPER, NEIL  
Address        1800 ROUTE 34, BUILDING 4  
                  SUITE 401  
City-State-Zip: WALL NJ 07719

*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: MICHAEL FLYNN**

**COO**

**03/13/2024**

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

\_\_\_\_\_  
Date