

| (Re | questor's Name) | |
|---|--------------------|----------|
| (Ad | dress) | |
| (Ád | dress) | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Name |) |
| (Document Number) | | |
| Certified Copies | _ Certificates of | f Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900320112169

10/29/18--01024--015 +*35.00

S TALLENT NOV 0.5 2018

18 OCT 29 PH 6: 02

Foreign Affiderit

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|---|--|
| SUBJECT: ABLEREX LATAM CORPORATION | ON | |
| Name of Corporation F18000004738 | | |
| DOCUMENT NUMBER: F18000004738 | | |
| The enclosed Affidavit by Foreign Corporation to Change/Add Officer(submitted for filing. | (s) and/or Director(s) and fee are | |
| Please return all correspondence concerning this matter to the following: | | |
| ADALBERTO PARRA | | |
| Name of Contact Person | | |
| ADALBERTO PARRA, CPA | | |
| Firm/Company | | |
| 555 NE 15TH ST, SUITE CU-19 | | |
| Address | | |
| MIAMI, FL 33132 | | |
| City/State and Zip Code | | |
| aparra@parra-cpa.com | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| ADALBERTO PARRA 786 490-29 | 500 | |
| ADALBERTO PARRA Name of Contact Person Area Code & Daytime Tel | ephone Number | |
| ŕ | • | |
| Enclosed is a check made payable to the Florida Department of State for | the following amount: | |
| S35.00 Filing Fee S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) | |
| | | |
| Mailing Address: Amendment Section Street Address: Amendment Section | | |
| Division of Corporations Division of Corporations | tions | |
| P.O. Box 6327 Clifton Building | <u> </u> | |
| Tallahassee, FL 32314 2661 Executive Cen | 2661 Executive Center Circle | |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

| (Note: Applicable only during the fi | rst calendar year of qualification) |
|--|---|
| The name of the foreign corporation as it appears of ABLEREX LATAM CORPORATION | on the records of the Florida Department of State is: |
| 2. This entity was authorized to transact business in I number is F18000004738 | Florida on 10/15/2018 and its Florida document |
| 3. This corporation was formed under the laws of | Delaware |
| 4. The name and address of each officer and/or direct | tor is as follows: |
| Title: SECRETARY | Name and Address SARIAH ATASSI 7142 SW 65TH AVE |
| | SOUTH MIAMI, FL 33143 |
| | |
| | 00 - T |
| | |
| (Attach additional pag | |
| nature of an officer or director | SECRETARY Title of person signing |
| SARIAH ATASSI | FILING FEE \$35 |

Make checks payable to Florida Department of State and Mail to: Division of Corporations•PO Box 6327•Tallahassee, FL 32314

CR2E127 (8/08)

Typed or printed name of person signing