

F21000001733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

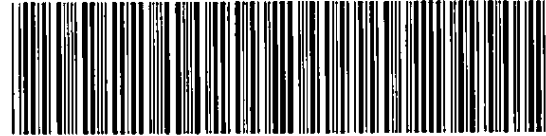
(Business Entity Name)

(Document Number)

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AND  
FILED  
2021 MAR 26 PM 1:01  
MAR 26 AM 8:15

MAR 24 2021

Brumley

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grupo Internacional de Asistencia Interasis, C.A. Corp

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Ortiz

Name of Person

Michael Ortiz, P.A.

Firm/Company

1430 South Dixie Highway, Suite 321

Address

Coral Gables, FL 33146

City/State and Zip code

lawortiz@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Ortiz

at ( 305 ) 665-5270

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Grupo Internacional de Asistencia Interasis, C.A. Corp

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Grupo Internacional de Asistencia Interasistencia, C.A. Corp

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Venezuela

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 12/15/2015

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. This corporation has not transacted business in Florida

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1430 South Dixie Highway, Suite 321, Coral Gables, FL 33146

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Ortiz, P.A.

Office Address: 1430 South Dixie Highway, Suite 321

Coral Gables

(City)

, Florida 33146

(Zip code)

9. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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### A. DIRECTORS

☐ Chairman Name: Ivan Alejandro Kaufman Gonzalez  
☐ Vice Chairman Address: c/o 1430 South Dixie Highway  
☒ Director Suite 321  
☒ President Coral Gables, FL 33146  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

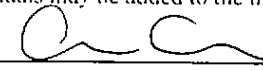
☐ Chairman Name: Maria Alejandra Kaufman Gonzalez  
☐ Vice Chairman Address: c/o 1430 South Dixie Highway  
☒ Director Suite 321  
☐ President Coral Gables, FL 33146  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michael Ortiz  
☐ Vice Chairman Address: 1430 South Dixie Highway  
☐ Director Suite 321  
☐ President Coral Gables, FL 33146  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

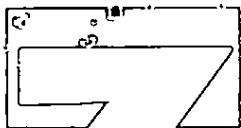
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Michael Ortiz, Secretary and Treasurer  
(Typed or printed name and capacity of person signing application)



# SEVEN LANGUAGES TRANSLATING & INTERPRETING RESOURCES, INC.

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## CERTIFICATE OF TRANSLATION

STATE OF FLORIDA

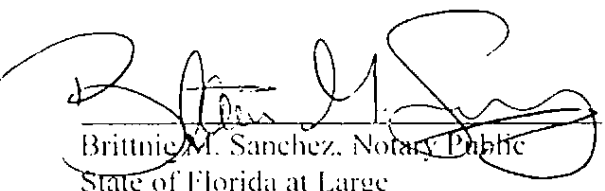
COUNTY OF MIAMI-DADE

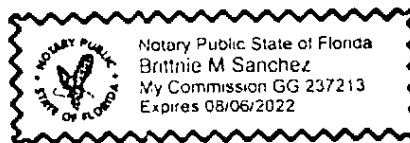
I, JOSEPH RICHARD PEREZ, on behalf of SEVEN LANGUAGES TRANSLATING & INTERPRETING RESOURCES, Inc. do certify that the attached translation, consisting of

23 pages, is, to the best of my knowledge and belief, a true and accurate rendition into the English language of the original written in Spanish.

  
JOSEPH RICHARD PEREZ

The foregoing instrument was acknowledged by me on this 23 day of February, 2021. JOSEPH RICHARD PEREZ personally appeared before me at the time of notarization. She is personally known to me and produced a driver's license as identification and she did take an oath.

  
Brittanie M. Sanchez, Notary Public  
State of Florida at Large



The utmost care has been taken to ensure the accuracy of all translations. SEVEN LANGUAGES TRANSLATING & INTERPRETING RESOURCES, inc and its employees shall not be liable for any damages due to negligence or error in typing or translation

SEVEN LANGUAGES TRANSLATING AND INTERPRETING RESOURCES, INC.

18495 SOUTH DIXIE HIGHWAY #116, CUTLER BAY, FLORIDA 33157

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& ALL OTHER  
LANGUAGES

Republic of Venezuela SENIAT National Integrated Service for the Administration of Customs Duties and Taxes Ministry of the Economy and Finance [illegible]	[bar code] Voucher No.: 201901C0000039916178
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**TAX INFORMATION REGISTRATION (RIF)**

<b>J407078275</b> GRUPO INTERNACIONAL DE ASISTENCIA INTERASIS, C.A. <b>TAX DOMICILE</b> AV CIRCUNVALACION DEL SOL EDIF SANTA PAULA PLAZA II PISO 8 OF 813 URB SANTA PAULA CARACAS (EL CAFETAL) MIRANDA ZONA POSTAL 1080	<b>REGISTRATION</b> 12/16/2015 <b>DATE:</b> <b>DATE OF LAST</b> 2/27/2019 <b>UPDATE:</b> <b>EXPIRATION</b> 2/27/2022 <b>DATE:</b>
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REGIONAL INTERNAL REVENUE OFFICE CAPITAL REGION	3407078275-CWA AUTHORIZED SIGNATURE	[QR CODE]
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The status of this taxpayer required withholding of 100% of the tax incurred, unless it is exempt, not subject, or it proves to the VAT Withholding Agent that it is an exempt taxpayer.

The validity of this Voucher must be verified at the web address [www.seniat.gob.ve](http://www.seniat.gob.ve), Sistemas en Línea [online systems] through the 'Consulta Comprobante Digital RIF' [Consult RIF Digital Voucher] option. Wet stamp not required.

CERTIFIED TRANSLATION  
 PREPARED BY  
 SEVEN LANGUAGES, INC.



N° COMPROBANTE: 201901CC000039916178

### REGISTRO ÚNICO DE INFORMACIÓN FISCAL (RIF)

J407078275 GRUPO INTERNACIONAL DE ASISTENCIA INTERASIS, C.A

FECHA DE INSCRIPCIÓN: 18/12/2015

DOMICILIO FISCAL AV CIRCUNVALACION DEL SOL EDIF SANTA PAULA PLAZA II  
PISO 8 OF 813 URB SANTA PAULA CARACAS (EL CAFETAL) MIRANDA ZONA  
POSTAL 1080

FECHA DE ÚLTIMA ACTUALIZACIÓN: 27/02/2019

FECHA DE VENCIMIENTO: 27/02/2022

GERENCIA REGIONAL DE TRIBUTOS INTERNOS  
REGIÓN CAPITAL

3407078275-CWA  
FIRMA AUTORIZADA



La condición de este contribuyente requiere la retención del 100% del impuesto causado, salvo que esté exento, no sujeto o demuestre ante el Agente de Retención del IVA que es un contribuyente exonerado.

La validez de este Comprobante debe verificarse a través de la dirección [www.seniat.gob.ve](http://www.seniat.gob.ve), Sistemas en Línea mediante la opción 'Consulta Comprobante Digital RIF'. No requiere sello húmedo.