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COVER LETTER

то:	_	stration Section sion of Corporations					
SUBJE	ECT:	CT: Bisostar 804 Investment Corp. (Name of Alien Business Organization or Financial Institution)					
		(Name of Alien Busin	ess Organ	ization or Financ	rial Institution)		
Dear S	ir or M	ladam:					
		Designation of Registered titution and fee(s) are subm			ice for Alien Business Organization or		
Please	return	all correspondence concern	ning this n	natter to the follo	owing:		
Steve	en M.	Charchat					
		(Name of Person)					
Steve	en M.	Charchat, P.A.					
_		(Firm/Company)					
848 B	Brickel	ll Avenue, Suite 1040					
_		(Address)					
Miami	i, Flor	rida 33131					
		(City/State and Zip Cod	e)				
For fur	ther in	formation concerning this i	natter, ple	ase call:			
Steve		Charchat	305 _ at (358-80	005		
	((Name of Person)	(Area	Code & Daytin	ne Telephone Number)		
Registr Divisio Clifton 2661 E	ation S n of C Buildi xecutiv	orporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclose	ed is a	check for the following a	mount:				
■ \$35.	00 Fili	ing Fee		□ \$43.75	Filing Fee & Certified Copy		

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION

PURSUANT TO SECTION 607.0505 OR 655.0201. FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

I. Bisostar 804 II	nvestment Corp.	nization or financial institution)		
, British Virgin I	_			
(State or country under which entity is organized)		(FEI Number, if applicable)		
, c/o 848 Bricke	II Avenue, Suite 1040, Miami,	Florida 33131		
4 <u></u>		flice address)		
5. Name and Florida	Street address of registered agent.		20	
Steven M. Charchat, P		.A.	ZOIS HAY SLOT: JALLI	
	848 Brickell Avenue, Si	uite 1040	1AY 20	
	Miami, Florida 33131		AH AH	
are identical.				
Rafael Vitelio	Bisono Cambiaso	vice chairman, or officer)		
··	(Name and capacity of perso	n signing in number 7 above)		
9. Signature of regis	stered agent:			
I hereby accept the 607.0505 or 655.020	appointment as registered agent. 1 H, Florida Statutes.	I am familiar with and accept	the obligations of section	
MI	M	5/	17/19	
(Registered a	gent accepting appointment)		(Date)	

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314