

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000683

**Entity Name:** MINDO FUTURES, INC.

**Current Principal Place of Business:**

3500 EAST GLENCOE STREET  
MIAMI, FL 33133

**Current Mailing Address:**

3500 EAST GLENCOE STREET  
MIAMI, FL 33133 US

**FEI Number:** 26-3516981

**Certificate of Status Desired:** Yes

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

GAETAN, JASON  
3500 EAST GLENCOE STREET  
MIAMI, FL 33133 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 PCEO  
Name GAETAN, JASON  
Address 2010 SW 76TH CT  
City-State-Zip: MIAMI FL 33155

Title D  
Name SOLER, CHAEL  
Address 888 SOUTH DOUGLAS RD  
APT. #912  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name JUAN, SALVADOR  
Address 3992 UTOPIA CT  
City-State-Zip: MIAMI FL 33133

Title ST  
Name CASTELLANOS, MARGARITA  
Address 9580 SW 67 AVENUE  
City-State-Zip: PINECREST FL 33156

Title V  
Name CHIN, AMANDA  
Address 2700 SW 27 AVENUE  
APT 504  
City-State-Zip: MIAMI FL 33145

Title O  
Name RIVERA, CYNTHIA MD  
Address 940 NE 90TH STREET  
City-State-Zip: MIAMI FL 33138

Title O  
Name LOPEZ, NIURKA  
Address 6063 SW 28 STREET  
City-State-Zip: MIAMI FL 33155

Title O  
Name CONTRERAS, MILAGROS  
Address 8120 LOS PINOS BOULEVARD  
City-State-Zip: CORAL GABLES FL 33143

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON GAETAN

**PCEO**

**04/08/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title O  
Name LANGSHAW, MARA  
Address 12930 DEVA STREET  
City-State-Zip: CORAL GABLES FL 33156

Title O  
Name VELASQUEZ ZAMBRANO, DIANA  
Address AV PANAMERICAN Y  
LAS CERAMICAS-PIFO  
City-State-Zip: QUITO