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: PEDRO CAPO

Electronic Signature of Signing Officer/Director Detail

SECRETARY

03/26/2019

Current Principal Place of Business:

4200 NW 167 ST CORPORATE OFFICES MIAMI GARDENS, FL 33054

DOCUMENT# 594980

Current Mailing Address:

4200 NW 167 ST CORPORATE OFFICES MIAMI GARDENS, FL 33054

FEI Number: 59-1966893

Name and Address of Current Registered Agent:

FLOREZ, LESLIE L 7821 NW LE JEUNE ROAD, SUITE 350 MIAMI, FL 33126 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

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

Title	SD	Title	VD
Name	CAPO, PEDRO	Name	CAPO, LUIS
Address	4200 NW 167 ST	Address	4200 NW 167 ST
City-State-Zip:	MIAMI GARDENS FL 33054	City-State-Zip:	MIAMI GARDENS FL 33054
Title	TD	Title	PD
Title Name	TD CAPO, JULIO	Title Name	PD CAPO, CARLOS

Certificate of Status Desired: No

Date

Date

FILED Mar 26, 2019 Secretary of State 2689438130CC