

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G99998

**Entity Name:** OPA INTERNATIONAL CORPORATION**Current Principal Place of Business:**7122 N.W. 50TH STREET  
MIAMI, FL 33166**Current Mailing Address:**7122 N.W. 50TH STREET  
MIAMI, FL 33166**FEI Number:** 59-2411367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEWIS, WILLIAM CJR, PA  
1 SE 3RD AVENUE  
SUITE 2950  
MIAMI, FL 33131 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	VD
Name	BOGGIO, ELISA
Address	AVENIDA CARACAS #35-53
City-State-Zip:	BOGOTA

Title	VP
Name	BOGGIO, CRISTINA
Address	2501 CRANDON BLVD # 1224
City-State-Zip:	KEY BISCAYNE FL 33149

Title	PD
Name	BOGGIO, CARLOS A
Address	7122 NW 50 ST
City-State-Zip:	MIAMI FL 33166

Title	SD
Name	MATALLANA, ALBA L
Address	8398 BOCA GLADES BLVD E
City-State-Zip:	BOCA RATON FL 33434

Title	TREASURER
Name	OSPINA, ALBERTO
Address	7122 N.W. 50TH STREET
City-State-Zip:	MIAMI FL 33166

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:** ALBA MATALLANA**SECRETARY****01/11/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date