

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000072506

**Entity Name:** EMEXPORT, INC.

**FILED  
Jul 14, 2020  
Secretary of State  
5770299864CC**

**Current Principal Place of Business:**

50 BISCAYNE BLVD  
APT 4105  
MIAMI, FL 33132

**Current Mailing Address:**

50 BISCAYNE BLVD  
APT 4105  
MIAMI, FL 33132 US

**FEI Number: 65-1027876**

**Certificate of Status Desired: No**

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

ECHEVERRI, JAIME R  
50 BISCAYNE BLVD  
APT 4105  
MIAMI, FL 33132 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            PRESIDENT  
Name            ECHEVERRI, JAIME RAMIRO  
Address        50 BISCAYNE BLVD  
                  APT 4105  
City-State-Zip: MIAMI FL 33132

Title            DIRECTOR  
Name            ARISTIZABAL, RUTH CECILIA  
Address        50 BISCAYNE BLVD  
                  APT 4105  
City-State-Zip: MIAMI FL 33132

Title            CFO  
Name            ECHEVERRI, FELIPE  
Address        50 BISCAYNE BLVD  
                  APT 4105  
City-State-Zip: MIAMI FL 33132

Title            COO  
Name            ECHEVERRI, ALEJANDRA  
Address        50 BISCAYNE BLVD  
                  APT 4105  
City-State-Zip: MIAMI FL 33132

*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: FELIPE ECHEVERRI**

**CFO**

**07/14/2020**

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

\_\_\_\_\_  
Date