

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091800

Entity Name: BIONOVA, CORP.**Current Principal Place of Business:**7300 N. KENDALL DR.
STE. 640
MIAMI, FL 33156-7840**Current Mailing Address:**7300 N. KENDALL DR.
STE. 640
MIAMI, FL 33156-7840 US**FEI Number:** 51-0423575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CEPEDA, N. VIOLETA
7300 N. KENDALL DR.
STE. 640
MIAMI, FL 33156-7840 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	DIRECTOR PRESIDENT
Name	CEPEDA H., JORGE E
Address	7300 N. KENDALL DR. STE. 640
City-State-Zip:	MIAMI FL 33156-7840

Title	DIRECTOR VICE PRESIDENT SECRETARY
Name	CEPEDA, N. VIOLETA
Address	7300 N. KENDALL DR. STE. 640
City-State-Zip:	MIAMI FL 33156-7840

Title	DIRECTOR
Name	CEPEDA R., JORGE E
Address	7300 N. KENDALL DR. STE. 640
City-State-Zip:	MIAMI FL 33156-7840

Title	DIRECTOR
Name	CEPEDA R, DANIEL E
Address	7300 N. KENDALL DR. STE. 640
City-State-Zip:	MIAMI FL 33156-7840

Title	DIRECTOR
Name	CEPEDA R., CYNTHIA C.
Address	7300 N. KENDALL DR. STE. 640
City-State-Zip:	MIAMI FL 33156-7840

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: JORGE E CEPEDA H.**DIRECTOR PRESIDENT****04/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date