

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000014384

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC5814922369**

**Entity Name:** TRICOLORES HOLDINGS CORP.

**Current Principal Place of Business:**

C/O 1000 BRICKELL AVENUE,SUITE 400  
MIAMI, FL 33131

**Current Mailing Address:**

C/O 1000 BRICKELL AVENUE,SUITE 400  
MIAMI, FL 33131

**FEI Number:** 42-1770464

**Certificate of Status Desired:** No

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

CORPORATE MAINTENANCE SERVICES, LLC.  
1000 BRICKELL AVENUE,SUITE 400  
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 D  
Name LECUEDER, CARLOS A  
Address C/O 1000 BRICKELL AVENUE,SUITE 400  
City-State-Zip: MIAMI FL 33131

Title D  
Name METHOL, MARIA RAQUEL  
Address C/O 1000 BRICKELL AVENUE,SUITE 400  
City-State-Zip: MIAMI FL 33131

Title D  
Name LECUEDER, MARIA C  
Address C/O 1000 BRICKELL AVENUE,SUITE 400  
City-State-Zip: MIAMI FL 33131

*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:** LECUEDER , MARIA C

**DANIELLE GOSSMAN,**  
**ATTORNEY-IN-FACT**

**04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date