

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000021186

**FILED**  
**Apr 08, 2020**  
**Secretary of State**  
**5454349441CC**

**Entity Name:** BOREAL INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

10300 NW 19 STREET,  
SUITE #105  
DORAL, FL 33172

**Current Mailing Address:**

2665 S BAYSHORE DR., STE 901  
COCONUT GROVE, FL 33133 US

**FEI Number:** 46-2240345

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            FIGUEROA, CHARLES  
Address        4300 GOLF ACRES DRIVE  
City-State-Zip: CHARLOTTE NC 28208

Title            DIRECTOR, VP, SECRETARY  
Name            LOGAN, BARRY S  
Address        2665 S BAYSHORE DRIVE, SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title            ASST. TREASURER  
Name            DISTEFANO, EFY  
Address        2665 S BAYSHORE DRIVE, SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title            CFO, VP  
Name            CIUPIK, ARIEL  
Address        10801 NW 103 STREET, SUITE  
City-State-Zip: MIAMI FL 33178

Title            DIRECTOR, VP, ASST. SECRETARY  
Name            MENENDEZ, ANA M  
Address        2665 S BAYSHORE DRIVE, SUITE 901  
City-State-Zip: COCONUT GROVE FL 33133

Title            ASST. TREASURER  
Name            RODRIGUEZ, ANA L  
Address        2031 NW 79 AVE  
City-State-Zip: DORAL FL 33122

*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:** EFY DISTEFANO

**ASSISTANT TREASURER    04/08/2020**

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

\_\_\_\_\_  
Date