

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000016601

Entity Name: AML S.A. CORP**Current Principal Place of Business:**1600 PONCE DE LEON BLVD 10TH FLOOR
#45
CORAL GABLES, FL 33134**Current Mailing Address:**1600 PONCE DE LEON BLVD
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CORAL GABLES, FL 33134 US**FEI Number:** 32-0433862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOLINA, KARELIS
1600 PONCE DE LEON BLVD 10TH FLOOR
#45
CORAL GABLES, FL 33134 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:** KARELIS MOLINA**04/17/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ARELLANO , ELVIA
Address	1600 PONCE DE LEON BLVD 45
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	MOLINA, KARELIS
Address	1600 PONCE DE LEON BLVD 45
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	MOLINA, LISETH C
Address	1600 PONCE DE LEON BLVD 45
City-State-Zip:	CORAL GABLES FL 33134

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: KARELIS MOLINA**SECRETARY****04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date