

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052446

**Entity Name:** PRADERAS DEL SUR, CORP.

**Current Principal Place of Business:**

905 BRICKELL BAY DRIVE  
SUITE 2CL23  
MIAMI, FL 33131

**FILED**  
**Mar 22, 2021**  
**Secretary of State**  
**0460183146CC**

**Current Mailing Address:**

801 BRICKELL BAY DRIVE  
BOX 18  
MIAMI, FL 33131 US

**FEI Number: 30-0945011**

**Certificate of Status Desired: No**

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

LAW OFFICES OF KRAVITZ & GUERRA, P.A.  
905 BRICKELL BAY DRIVE  
SUITE 2CL23  
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 P  
Name RABITO, MARIA RAQUEL  
Address 801 BRICKELL BAY DRIVE BOX 18  
City-State-Zip: MIAMI FL 33131

Title VP  
Name RABITO, MARIA ELISA  
Address 801 BRICKELL BAY DRIVE BOX 18  
City-State-Zip: MIAMI FL 33131

Title T  
Name PINO, FRANCISCO  
Address 801 BRICKELL BAY DRIVE BOX 18  
City-State-Zip: MIAMI FL 33131

Title S  
Name FRANCO, AMADO  
Address 801 BRICKELL BAY DRIVE BOX 18  
City-State-Zip: MIAMI FL 33131

Title D  
Name PINO, JOSE  
Address 801 BRICKELL BAY DRIVE  
BOX 18  
City-State-Zip: MIAMI FL 33131

Title D  
Name FRANCO, MARIA RAQUEL  
Address 801 BRICKELL BAY DRIVE  
BOX 18  
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: RABITO , MARIA RAQUEL**

**PRESIDENT**

**03/22/2021**

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

\_\_\_\_\_  
Date