

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000080762

Entity Name: EXODATA SOLUTIONS USA, INC.**Current Principal Place of Business:**1210 LEEWARD WAY
WESTON, FL 33327**Current Mailing Address:**1210 LEEWARD WAY
WESTON, FL 33327 US**FEI Number:** 81-4075701**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOTO, GUSTAVO J
6423 COLLINS AVE
207
MIAMI BEACH, FL 33141 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
Name GIL, EDILMAR C
Address 8300 SW 150TH AVE
City-State-Zip: MIAMI FL 33191

Title DIRECTOR
Name NINAPAYTAN, ADOLFO R
Address 8300 SW 150TH AVE
City-State-Zip: MIAMI FL 33193

Title P
Name ELZAIBAK, JOSE M
Address 8300 SW 150TH AVE
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name MOLINA, RIGOBERTO
Address 8300 SW 150TH AVE
103
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name JONATHAN, BARRIENTOS
Address 8300 SW 150TH AVE
103
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name TENORIO, JOSE A
Address 8300 SW 150TH AVE
103
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name GIL, YGNMAR C
Address 8300 SW 150TH AVE
103
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name SOTO, GUSTAVO J
Address 8300 SW 150TH AVE
103
City-State-Zip: MIAMI FL 33193

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: SOTO, GUSTAVO, J**DIR****04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date