

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000275617

Entity Name: PAMPAFOODS USA LLC**Current Principal Place of Business:**999 BRICKELL AVE
STE 410
MIAMI, FL 33131**Current Mailing Address:**999 BRICKELL AVE
STE 410
MIAMI, FL 33131 US**FEI Number:** 61-1950058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASKA BUSINESS CONSULTING LLC
999 BRICKELL AVE
STE 410
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**Authorized Person(s) Detail :**Title AMBR
Name G DE OLIVEIRA JUNIOR, DORIVAL
Address 999 BRICKELL AVE STE 410
City-State-Zip: MIAMI FL 33131Title AMBR
Name BITTENCOURT, FERNANDA
Address 999 BRICKELL AVE STE 410
City-State-Zip: MIAMI FL 33131Title AMBR
Name BITTENCOURT, RAFAELA
Address 999 BRICKELL AVE STE 410
City-State-Zip: MIAMI FL 33131Title AMBR
Name BITTENCOURT, ADILTON A
Address 999 BRICKELL AVE STE 410
City-State-Zip: MIAMI FL 33131Title AMBR
Name M BITTENCOURT, CLAUDIA M
Address 999 BRICKELL AVE STE 410
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DORIVAL G DE OLIVEIRA JUNIOR

AMBR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date