

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000157464

**FILED**  
**May 01, 2021**  
**Secretary of State**  
**4355528291CC**

**Entity Name:** INTERNATIONAL BVTS GROUP LLC

**Current Principal Place of Business:**

2655 LEJEUNE ROAD  
SUITE 902  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 LEJEUNE ROAD  
SUITE 902  
CORAL GABLES, FL 33134

**FEI Number:** 85-1860246

**Certificate of Status Desired:** No

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

CORRADA, ALBERT CPA  
2655 LEJEUNE ROAD  
SUITE 902  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name IBARRA ZAMORANO, ROBERTO  
Address 2655 LEJEUNE ROAD SUITE 902  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name DROMBO AMEZQUITA, CARLOS E  
Address 2655 LEJEUNE ROAD SUITE 902  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HARRACA, MIGUEL J  
Address 2655 LEJEUNE ROAD SUITE 902  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name PROANO RECALDE, LUIS E  
Address 2655 LEJEUNE ROAD SUITE 902  
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 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:** IBARRA ZAMORANO , ROBERTO

M

05/01/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date