2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000001607

Entity Name: ZONAMOVIL, INC.

Current Principal Place of Business:

7705 NW 29TH STREET

DORAL, FL 33122

106

Current Mailing Address:

KAULBACHSTR. 85 C/O TIAXA

MUNICH, BAVARIA 80802 DE

FEI Number: 65-0992571 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS 1200 SOUTH PINE ISLAND ROAD LOWER LEVEL PLANTATION, FL 33324 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

FILED Jan 11, 2015

Secretary of State

CC5822766126

Officer/Director Detail:

Title Title MR

VALDES, FELIPE Name Name CARLSEN, SVEND OLAV

Address **RICARDO LYON 222** Address **RICARDO LYON 222**

SUITE 204, PROVIDENCIA SUITE 204, PROVIDENCIA

City-State-Zip: **SANTIAGO** City-State-Zip: **SANTIAGO**

Title MR Title MR

Name GUTIERREZ, SERGIO Name SHEA, CRISTIAN

Address **RICARDO LYON 222** Address **RICARDO LYON 222**

> SUITE 204, PROVIDENCIA SUITE 204, PROVIDENCIA

City-State-Zip: **SANTIAGO** City-State-Zip: **SANTIAGO**

Title DIRECTOR Title **DIRECTOR**

WILLIAMS, ANN HERRERA, MIGUEL Name Name

Address **RICARDO LYON 222** Address **RICARDO LYON 222**

SUITE 204, PROVIDENCIA SUITE 204, PROVIDENCIA

City-State-Zip: **SANTIAGO** City-State-Zip: **SANTIAGO**

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.