

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005464

Entity Name: TVU ENTERPRISES, INC.**Current Principal Place of Business:**6355 NW 36TH STREET
2200
MIAMI, FL 33166**Current Mailing Address:**6355 NW 36TH STREET
SUITE 2200
MIAMI, FL 33166 US**FEI Number:** 42-1767113**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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**Officer/Director Detail :**

Title	CEPD
Name	FOLCH VIADERO, SALVI R
Address	AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-State-Zip:	MEXICO CITY DF 011210 DF 01120

Title	VPD
Name	LARA DEL OLMO, JOSE A
Address	AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-State-Zip:	MEXICO CITY DF 011210 DF 01121

Title	VPD
Name	GARCIA GONZALEZ, JOSE ANTONIO
Address	AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-State-Zip:	MEXICO CITY DF 011210 DF 01121

Title	VPSD
Name	BALCARCEL SANTA CRUZ, JOAQUIN
Address	AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-State-Zip:	MEXICO CITY DF 011210 DF 01121

Title	VPD
Name	ECHEGOYEN, JORGE L
Address	AVENIDA VASCO DE QUIROGA 2000 COLONIA SANT
City-State-Zip:	MEXICO CITY DF 011210 01121

Title	LEGAL REPRESENTATIVE
Name	NASSER, AISHA P
Address	6355 NW 36TH STREET 2200
City-State-Zip:	MIAMI FL 33166

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: AISHA NASSER**LEGAL REPRESENTATIVE** 02/03/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date