

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000020

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC2634788307**

**Entity Name:** INVERSIONES TURISTICAS DORAL (INTUDORAL) C.A., CORP.

**Current Principal Place of Business:**

1800 NW 24TH AVENUE  
SUITE 911  
MIAMI, FL 33125

**Current Mailing Address:**

P.O. BOX 565698  
MIAMI, FL 33256

**FEI Number:** 27-4479123

**Certificate of Status Desired:** No

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

VILA, OSCAR G  
1800 NW 24TH AVENUE  
SUITE 911  
MIAMI, FL 33125 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	C
Name	MENDEZ, BENITO
Address	20121 SW 114 AVENUE
City-State-Zip:	MIAMI FL 33189
Title	P
Name	PEREZ GONZALEZ, CARLOS ENRIQUE
Address	CONDOMINIO DORAL BEACH COMPLEJO TURISTICO EL MORO
City-State-Zip:	PUERTO LA CRUZ ANZOATEGUI

Title	D
Name	VILA, OSCAR G
Address	1800 NW 24TH AVENUE, SUITE 911
City-State-Zip:	MIAMI FL 33125
Title	S
Name	IBARRA, ALMIDA J
Address	CONDOMINIO DORAL BEACH VILLAS
City-State-Zip:	PUERTO LA CRUZ, VENEZUELA XX

*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:** OSCAR VILA

**DIRECTOR**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date