2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2019
Secretary of State
5007719338CC

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Entity Name: MERCANTIL INVESTMENT SERVICES, INC.

Current Principal Place of Business:

220 ALHAMBRA CIRCLE, 2ND FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

220 ALHAMBRA CIRCLE, 2ND FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 65-1126480

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIRCLE, 2ND FLOOR
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

Officer/Director Detail :

Title	CPCEO
Name	BELLO, EDUARDO
Address	220 ALHAMBRA CIRCLE, 2ND FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	WILSON, MILLAR
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	PERAZA, ALBERTO
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	PALACIOS, MIGUEL
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	S
Name	TRUJILLO, IVAN
Address	220 ALHAMBRA CIRCLE, 2ND FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	BELLO, EDUARDO
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	CAPRILES, ALBERTO
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	PARRA, PEDRO R
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

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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: BELLO , EDUARDO CPCEO 04/02/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	FIGUEREDO, ALFONSO
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134