2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000013001

Entity Name: SOMOS PANAS CORP

Current Principal Place of Business:

201 ALHAMBRA CIRCLE SUITE 600 CORAL GABLES, FL 33134

Current Mailing Address:

201 ALHAMBRA CIRCLE SUITE 600 CORAL GABLES, FL 33134 US

FEI Number: 85-3967198

Name and Address of Current Registered Agent:

AVALON INCORPORATORS LLC 201 ALHAMBRA CIRCLE SUITE 600 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

Officer/Director Detail :

Title	Ρ	Title	VP
Name	FALANCIA MAURICE, KARINA DEL M	Name	GARCIA, ROMULO
Address	201 ALHAMBRA CIRCLE	Address	201 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	SUITE 600 CORAL GABLES FL 33134
Title	TREASURER	Title	SECRETARY
Name	DUQUE, IVAN	Name	HERNANDEZ, JHOSGREISY
Address	201 ALHAMBRA CIRCLE SUITE 600	Address	201 ALHAMBRA CIRCLE SUITE 600
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	
Title	COO	Title	OFFICER
Name	ANDRADE, JESSICA	Name	UZTARIZ, ROLMAR
Address	201 ALHAMBRA CIRCLE SUITE 600	Address	201 ALHAMBRA CIRCLE SUITE 600
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	
Title	OFFICER		
Name	ARIAMNA, VILLALOBOS		
Address	201 ALHAMBRA CIRCLE SUITE 600		
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FALANCIA MAURICE, KARINA DEL M

PRESIDENT

02/28/2021 Date

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes