

Date: Jan 11, 2019 8:17:58 PM

Section 1 Type of Registration

1a. FOREIGN REGISTRATION

1b. INITIAL REGISTRATION: 18628531162

PIN NUMBER:3365C2C0

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :

Section 2 Facility Name/Address Information

FACILITY NAME: IMCARI S.A. DE C.V.

FACILITY NAME SUFFIX: Company

FACILITY STREET ADDRESS, Line1: Boulevard Mons. Romero #1

FACILITY STREET ADDRESS, Line2:

CITY: Quezaltepeque

STATE/PROVINCE/TERRITORY: La Libertad

ZIP CODE (POSTAL CODE): 0512

COUNTRY/AREA: EL SALVADOR

PHONE NUMBER (Include Area/Country Code): 503 000 23142121

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: salvadorhanania@hotmail.com

Section 3 Preferred Mailing Address Information

(Complete this section only if different from Section 2, Facility Name/Address Information)

If information is the same as section 2, check the box:

NAME: IMCARI S.A. DE C.V.

ADDRESS, Line1: Boulevard Mons. Romero #1

ADDRESS, Line2:

CITY: Quezaltepeque

STATE/PROVINCE/TERRITORY: La Libertad

ZIP CODE (POSTAL CODE): 0512

COUNTRY/AREA: EL SALVADOR

PHONE NUMBER (Include Area/Country Code): 503 000 23142121

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: salvadorhanania@hotmail.com

Section 4 Parent Company Name/Address Information

(If applicable and If different from sections 2 and 3). If information is the same as another section, check which section:

- Section 2 - Facility Address Information
 Section 3 - Preferred Mailing Address Information
 None of the above

NAME OF PARENT COMPANY: IMCARI S.A. DE C.V.

PARENT COMPANY SUFFIX: Company

STREET ADDRESS OF PARENT COMPANY, Line 1: Boulevard Mons. Romero #1

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: Quezaltepeque

STATE/PROVINCE/TERRITORY: La Libertad

ZIP CODE (POSTAL CODE): 0512

COUNTRY/AREA: EL SALVADOR

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 503 000 23142121

FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code):

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY: salvadorhanania@hotmail.com

Section 5 Emergency Contact Information

For foreign facilities, FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

If information is the same as another section, check which section:

<input type="checkbox"/> 170.3 (n) (1), (23)] <input type="checkbox"/> 37. NONE OF THE ABOVE FOOD CATEGORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If the food categories listed above do not apply, then print the applicable food category or categories.

Other Activity Conducted

Section 10 - Owner, Operator or Agent in Charge Information

Provide the following information, If different from all other sections on the form. If information is the same as another section of the form, Check which section:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Salvador Hanania

STREET ADDRESS, Line 1: Boulevard Mons. Romero #1

STREET ADDRESS, Line 2:

CITY: Quezaltepeque STATE/PROVINCE/TERRITORY: La Libertad

ZIP CODE (POSTAL CODE): 0512

COUNTRY/AREA: EL SALVADOR

PHONE NUMBER (Include Area/Country Code): 503 000 23142121

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): salvadorhanania@hotmail.com

Section 11 Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12 Certification Statement

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

Name of the Submitter: Salvador Hanania

CHECK ONE BOX

- A. OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)
- B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): -N/A-