

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738918

Entity Name: ISM OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**2055 EAST CENTENNIAL CIRCLE
TEMPE, AZ 85284**Current Mailing Address:**P.O. BOX 523323
MIAMI, FL 33152-3323 US**FEI Number: 59-1867643****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALDES, MANUEL
11963 SW 37TH TERRACE
MIAMI, FL 33175 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	TREASURER
Name	TORRES, RICK
Address	6912 NW 179 STREET, APT. 112-3
City-State-Zip:	MIAMI FL 33015

Title	INMEDIATE PAST PRESIDENT
Name	GOMEZ, JORGE
Address	P.O. BOX 226252
City-State-Zip:	MIAMI FL 33222

Title	SECOND VICE PRESIDENT
Name	SOMMERS, ALEX
Address	PO BOX 523323
City-State-Zip:	MIAMI FL 33152-3323

Title	PRESIDENT
Name	LOPEZ, AMY
Address	PO BOX 248184
City-State-Zip:	CORAL GABLES FL 33124-1433

Title	VP
Name	VALDES, MANUEL
Address	P.O. BOX 523323
City-State-Zip:	MIAMI FL 33152-3323

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: RICK TORRES**TREASURER****03/16/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date