

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745161

**Entity Name:** PLAZA OF THE AMERICAS CLUB, INC.**Current Principal Place of Business:**17001 NORTH BAY ROAD  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17001 NORTH BAY ROAD  
SUNNY ISLES BEACH, FL 33160**FEI Number:** 59-1992403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATTORNEY  
25 SE SECOND AVENUE, STE#730  
MIAMI, FL 33131 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:** BARRY BLAXBERG

04/28/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FLORES, LILIAN  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name ALBERTI, NARCISO  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name IMERY, ANA M  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name ARRIOLA, MARTA  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name FERNANDEZ, NILA  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SECRETARY  
Name RODRIGUEZ, ANYSABEL  
Address 17001 N. BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP  
Name VISCARRA, JENIFFER  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER  
Name GARCIA, ALBA  
Address 17001 NORTH BAY ROAD  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LILIAN FLORES

PRESIDENT

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GUEVARA, MAURICIO
Address	17001N.BAY ROAD
City-State-Zip:	SUNNY ISLES BEACH FL 33160