Electronic Signature of Signing Officer/Director Detail

17001 NORTH BAY ROAD

SUNNY ISLES BEACH, FL 33160

Current Principal Place of Business:

FEI Number: 59-1992403

Current Mailing Address:

DOCUMENT# 745161

17001 NORTH BAY ROAD SUNNY ISLES BEACH, FL 33160

Name and Address of Current Registered Agent:

Entity Name: PLAZA OF THE AMERICAS CLUB, INC.

BECKER & POLIAKOFF, PA 121 ALHAMBRA PLAZA 10 FLR 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		Р	Title	т
Name)	FLORES, LILIAN	Name	FERNANDEZ, NILA
Addre	ss	17001 NORTH BAY ROAD	Address	17001 NORTH BAY ROAD
City-S	State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title		S	Title	VP
Name	•	ALBERTI, NARCISO	Name	TACHER, ROBERT
Addre	ss	17001 NORTH BAY ROAD	Address	17001 NORTH BAY ROAD
City-S	State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title		D	Title	DIRECTOR
Title Name	9	D RODRIGUEZ, MERCY	Title Name	DIRECTOR IMERY, ANA M
		-		
Name Addre		RODRIGUEZ, MERCY	Name	IMERY, ANA M 17001 NORTH BAY ROAD
Name Addre	ess	RODRIGUEZ, MERCY 17001 N. BAY ROAD	Name Address	IMERY, ANA M 17001 NORTH BAY ROAD
Name Addre City-S	ess State-Zip:	RODRIGUEZ, MERCY 17001 N. BAY ROAD SUNNY ISLES BEACH FL 33160	Name Address City-State-Zip:	IMERY, ANA M 17001 NORTH BAY ROAD SUNNY ISLES BEACH FL 33160
Name Addre City-S Title	ess State-Zip:	RODRIGUEZ, MERCY 17001 N. BAY ROAD SUNNY ISLES BEACH FL 33160 D	Name Address City-State-Zip: Title	IMERY, ANA M 17001 NORTH BAY ROAD SUNNY ISLES BEACH FL 33160 D
Name Addre City-S Title Name Addre	ess State-Zip:	RODRIGUEZ, MERCY 17001 N. BAY ROAD SUNNY ISLES BEACH FL 33160 D VISCARRA, JENIFFER	Name Address City-State-Zip: Title Name	IMERY, ANA M 17001 NORTH BAY ROAD SUNNY ISLES BEACH FL 33160 D ARRIOLA , MARTA 17001 NORTH BAY ROAD

Continues on page 2

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: NARCISO ALBERTI

FILED Dec 03, 2013 Secretary of State CC3519793417

Certificate of Status Desired: No

Date

SECRETARY

12/03/2013

Officer/Director Detail Continued :

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