

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753293

**Entity Name:** THE BAKEHOUSE ART COMPLEX, INC.**Current Principal Place of Business:**561 NW 32ND ST.  
MIAMI, FL 33127**Current Mailing Address:**561 NW 32ND ST.  
MIAMI, FL 33127 US**FEI Number:** 59-2104864**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BENIQUEZ, ALEJANDRA  
C/O KAUFMAN ROSSIN  
2699 S BAYSHORE DRIVE SUITE 300  
MIAMI, FL 33133 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	VP
Name	KLINE, LAWRENCE
Address	806 DOUGLAS RD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	RIEDI, CLAUDIO
Address	1111 BRICKELL AVENUE SUITE 2200
City-State-Zip:	MIAMI FL 33131

Title	CO-EXECUTIVE DIRECTOR
Name	LEFF, CATHY
Address	561 NW 32ND ST.
City-State-Zip:	MIAMI FL 33127

Title	DIRECTOR
Name	KRIPLEN, MARSH
Address	561 NW 32ND ST.
City-State-Zip:	MIAMI FL 33127

Title	P
Name	KORMAN, JASON
Address	1521 ALTON ROAD SUITE 518
City-State-Zip:	MIAMI BEACH FL 33139

Title	CO-EXECUTIVE DIRECTOR
Name	SCHERL, MARY ELLEN
Address	561 NW 32ND ST.
City-State-Zip:	MIAMI FL 33127

Title	DIRECTOR
Name	EVANS, DANIEL
Address	561 NW 32ND ST.
City-State-Zip:	MIAMI FL 33127

Title	DIRECTOR
Name	LIVINGSTON, MCKENZIE
Address	2 S BISCAYNE BLVD # 2100
City-State-Zip:	MIAMI FL 33131

*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:** CATHY LEFF**CO-EXECUTIVE  
DIRECTOR****03/07/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date