

**2017 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

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC9117220285**

**Current Mailing Address:**

561 NW 32ND ST.  
MIAMI, FL 33127 US

**FEI Number: 59-2104864**

**Certificate of Status Desired: No**

**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           DIRECTOR, PRESIDENT  
Name           KLINE, LAWRENCE  
Address        806 DOUGLAS RD  
                  SUITE 300  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR, SECRETARY  
Name           LOZANO, MARCELA  
Address        561 NW 32ND ST.  
City-State-Zip: MIAMI FL 33127

Title           TD,ED  
Name           BALOYRA, BIBI  
Address        561 NW 32ND STREET  
City-State-Zip: MIAMI FL 33127

Title           T  
Name           SMITH, PETER  
Address        2699 S BAYSHORE DRIVE SUITE 300  
City-State-Zip: MIAMI FL 33133

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

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

Title           DIRECTOR  
Name           MARTINEZ - CAÑAS, MARIA  
Address        300 NE 2ND AVENUE  
City-State-Zip: MIAMI FL 33132

*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: BIBI BALOYRA**

**TD, ED**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date