2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

9 ISLAND AVENUE, BELLE ISLE OFFICE MIAMI BEACH, FL 33139

DOCUMENT# 760169

Current Mailing Address:

9 ISLAND AVENUE, BELLE ISLE OFFICE MIAMI BEACH, FL 33139 US

FEI Number: 59-2196288

Name and Address of Current Registered Agent:

HALPERN, MARK 355 ALHAMBRA CIRCLE CORAL GABLES SUITE 1101 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.

MARK HALPERN		0	3/19/2024
Electronic Signature of Registered Agent			Date
or Detail :			
PRESIDENT	Title	VICE PRESIDENT	
SOLER, JOSE	Name	DIFFENDERFER, GLENN SCOTT	
9 ISLAND AVE. 1903	Address	9 ISLAND AVE. 1501	
MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
TREASURER	Title	SECRETARY	
SERTEL, KARLA	Name	CUCCIO, JOEL	
9 ISLAND AVE. 1703	Address	9 ISLAND AVE 2104	
MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
DIRECTOR			
MINKOVITZ, BRAD			
9 ISLAND AVE 510			
MIAMI BEACH FL 33139			
	Electronic Signature of Registered Agent or Detail : PRESIDENT SOLER, JOSE 9 ISLAND AVE. 1903 MIAMI BEACH FL 33139 TREASURER SERTEL, KARLA 9 ISLAND AVE. 1703 MIAMI BEACH FL 33139 DIRECTOR MINKOVITZ, BRAD 9 ISLAND AVE 510	Electronic Signature of Registered Agent or Detail : PRESIDENT Title SOLER, JOSE Name 9 ISLAND AVE. Address 1903 City-State-Zip: TREASURER Title SERTEL, KARLA Name 9 ISLAND AVE. Address 1703 City-State-Zip: DIRECTOR City-State-Zip: DIRECTOR MINKOVITZ, BRAD 9 ISLAND AVE Stand AVE 510 Stand AVE	Electronic Signature of Registered Agent or Detail : PRESIDENT Title VICE PRESIDENT SOLER, JOSE Name DIFFENDERFER, GLENN SCOTT ISLAND AVE. Address 9 ISLAND AVE. 1903 1501 1501 MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139 TREASURER Title SECRETARY SERTEL, KARLA Name CUCCIO, JOEL ISLAND AVE. Address 9 ISLAND AVE 1703 City-State-Zip: MIAMI BEACH FL 33139 DIRECTOR City-State-Zip: MIAMI BEACH FL 33139 DIRECTOR MINKOVITZ, BRAD SILAND AVE 9 ISLAND AVE 510 SILAND AVE

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.

PRESIDENT

SIGNATURE: JOSE SOLER

Electronic Signature of Signing Officer/Director Detail

FILED Mar 19, 2024 Secretary of State 3954562390CC

Certificate of Status Desired: Yes

03/19/2024 Date