I hereby certify that the information indicated on this report or supplemental report is true and	l accurate and that my electronic signature shall have the	e 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	o execute this report as required by Chapter 617, Florida	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> MAGDA U, MILONE	VP	01/31/2019

SIGNATURE: MAGDA U.	MILONE

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

437 SANTANDER AVE. APT. F CORAL GABLES, FL 33134

**DOCUMENT# 762150** 

# **Current Mailing Address:**

437 SANTANDER AVE. APT. F CORAL GABLES. FL 33134

### FEI Number: 59-2176377

# Name and Address of Current Registered Agent:

MILONE, MAGDA UVP 437 SANTANDER AVE. #F 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 :**

PD	Title	VP-S
PAUL, TONY	Name	MILONE, MAGDA
437 SANTANDER AVE. APT C	Address	437 SANTANDER AVENUE, APT. F
CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
	PAUL, TONY 437 SANTANDER AVE. APT C	PAUL, TONY Name 437 SANTANDER AVE. APT C Address

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 31, 2019 Secretary of State 3802053923CC

Date

Certificate of Status Desired: No

Date