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.

TREASURER

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

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

## **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:

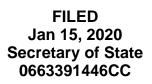
Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

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

Certificate of Status Desired: No

01/15/2020 Date



Date