

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000004516

**Entity Name:** STEP MIAMI BRANCH, INC.

**Current Principal Place of Business:**

C/O ERIKA LITVAK  
333 S.E. 2ND AVENUE 44TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

C/O ERIKA LITVAK  
333 S.E. 2ND AVENUE 44TH FLOOR  
MIAMI, FL 33131 US

**FEI Number:** 04-3606164

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CW CORPORATE SERVICES, LLC  
1001 BRICKELL BAY DRIVE  
SUITE 3112  
MIAMI, FL 33131 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:** HAL WEBB

01/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WEBB, HAL J.  
Address 1001 BRICKELL BAY DRIVE  
SUITE 3112  
City-State-Zip: MIAMI FL 33131

Title TREASURER  
Name FARRA, MIGUEL  
Address 1450 BRICKELL AVENUE  
18TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name JASMINOY, CINTIA  
Address 701 BRICKELL AVENUE  
SUITE 3250  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name KELLOGG, JOSEPH  
Address 701 BRICKELL AVENUE  
SUITE 2100  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT, DIRECTOR  
Name LITVAK, ERIKA  
Address 333 S.E. 2ND AVENUE  
44TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name GONZALEZ, JUAN M.  
Address 200 SOUTH BISCAYNE BLVD.  
22ND FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name PEREA, ANTHONY  
Address 701 BRICKELL AVENUE  
SUITE 1480  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name ARIZMENDY, HELMER  
Address 1200 BRICKELL AVENUE  
SUITE 1800  
City-State-Zip: MIAMI FL 33131

**Continues on page 2**

*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:** HAL J. WEBB

**DIRECTOR**

01/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HASSAN, CECILIA B.  
Address 1111 BRICKELL AVENUE  
SUITE 1700  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name SOTO-RAYNAL, CARLOS  
Address 701 BRICKELL AVENUE  
9TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name NEAL, KEVIN  
Address 550 BILTMORE WAY  
11TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name MAIRHOFER, ERNESTO  
Address 701 BRICKELL AVENUE  
SUITE 2600  
City-State-Zip: MIAMI FL 33131

Title SECRETARY, DIRECTOR  
Name CARRAL, PATRICIA  
Address 1001 BRICKELL BAY DRIVE  
SUITE 2306  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name TAVORMINA, NICOLAS  
Address 1111 BRICKELL AVENUE  
SUITE 1400  
City-State-Zip: MIAMI FL 33131