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.

Ρ

SIGNATURE: JUAN MAURICIO CUELLAR Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012641

Entity Name: SAN LORENZO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

655 WEST FLAGLER ST. 207 MIAMI, FL 33130

Current Mailing Address:

655 WEST FLAGLER ST. 207 MIAMI, FL 33130

FEI Number: 20-5811136

Name and Address of Current Registered Agent:

EUROPEAN AMERICAN PROPERTY SERVICES,LLC 655 WEST FLAGLER ST. SUITE 207 MIAMI, FL 33130 US

MIAMI FL 33131

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:

City-State-Zip:

Electronic Signature of Registered Agent **Officer/Director Detail :** DPS Title Title DT Name CUELLAR, JUAN M. Name GOMEZ, BENNY 219 NW 12 AVENUE, UNIT C-1 Address 19303 SW 60TH CT Address PEMBROKE PINES FL 33332 City-State-Zip: MIAMI FL 33128 City-State-Zip: Title DVP VILLAMIZAR, ALEJANDRO Name Address 444 BRICKELL AVE STE 210

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

FILED Apr 28, 2017 Secretary of State CC5020960960

Certificate of Status Desired: No

04/28/2017

Date