

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N12000002084

Entity Name: MIAMI CENTER FOR ARCHITECTURE & DESIGN, INC.

Current Principal Place of Business:

310 SE 1ST STREET
MIAMI, FL 33131

Current Mailing Address:

310 SE 1ST STREET
MIAMI, FL 33131 US

FEI Number: 45-4978398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBS, CHERYL H
310 SE 1ST STREET
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SOTO, NATIVIDAD FAIA
Address 901 PONCE DE LEON BOULEVARD
 SUITE 304
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name HERNANDEZ, SARA
Address 2601 S BAYSHORE DRIVE
 600
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name SCHVARTZ, PETULIA
Address 13091 NW 43RD AVE
 UNIT A-2
City-State-Zip: OPA LOCKA FL 33054

Title DIRECTOR
Name MOSS, BRETT AIA
Address 1200 BRICKELL AVE
 1410
City-State-Zip: MIAMI FL 33131

Title S/T
Name RODRIGUEZ, MIGUEL FAIA
Address 2121 PONCE DE LEON BLVD
 1010
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name STEVEN, EISENBERG ESQ.
Address 255 ARAGON AVE
 2ND FL
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MCGHEE, AMBER
Address 800 WEST AVE
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name OBERHAUSEN, JOSHUA
Address 1000 LINCOLN ROAD
 206
City-State-Zip: MIAMI BEACH FL 33139

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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: NATIVIDAD SOTO

**EXECUTIVE VICE
PRESIDENT**

11/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SNOW, KRICKET AIA
Address 806 DOUGLAS ROAD
300
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ZYSCOVICH, BERNARD FAIA
Address 100 N BISCAYNE BLVD
27TH FL
City-State-Zip: MIAMI FL 33132