

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002084

**FILED**  
**Jun 23, 2017**  
**Secretary of State**  
**CC6255956628**

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

**Current Principal Place of Business:**

100 NE 1ST AVENUE  
SUITE 100  
MIAMI, FL 33132

**Current Mailing Address:**

100 NE 1ST AVENUE  
SUITE 100  
MIAMI, FL 33132 US

**FEI Number:** 45-4978398

**Certificate of Status Desired:** Yes

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

JACOBS, CHERYL H  
100 NE 1ST AVENUE  
SUITE 100  
MIAMI, FL 33132 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 AIA  
Address        901 PONCE DE LEON BOULEVARD  
                 SUITE 304  
City-State-Zip: CORAL GABLES FL 33134

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

Title            VP  
Name            HERNANDEZ, SARA  
Address        1220 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

*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

**PRESIDENT**

**06/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date