

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002084

**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 PRES  
Name FORBES, JOHN R AIA  
Address 4565 PONCE DE LEON BOULEVARD,  
SUITE 100  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
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 SILVA, ALEJANDRO AIA  
Address 135 SAN LORENZO AVENUE #880  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name SHULMAN, ALLAN TFAIA  
Address 100 NE 38TH STREET, SUITE 2  
City-State-Zip: MIAMI FL 33137

*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:** JOHN R. FORBES

**PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date