

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 564127

**Entity Name:** SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC3977102533****Current Principal Place of Business:**201 ALHAMBRA CIR  
1100  
CORAL GABLES, FL 33134**Current Mailing Address:**201 ALHAMBRA CIR  
1100  
CORAL GABLES, FL 33134 US**FEI Number: 59-1777539****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SIEGFRIED, STEVEN M.  
201 ALHAMBRA CIRCLE,  
SUITE 1100  
CORAL GABLES, FL 33134 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	D/P
Name	SIEGFRIED, STEVEN M
Address	201 ALHAMBRA CIR 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	DVP
Name	SOBEL, STUART H
Address	201 ALHAMBRA CIR SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	HYMAN, MICHAEL L
Address	201 ALHAMBRA CIR 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	DVP
Name	DE LA TORRE, HELIO
Address	201 ALHAMBRA CIR, SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	DS
Name	ARIAS, MARIA VICTORIA
Address	201 ALHAMBRA CIRCLE SUITE 1100
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	MARS, GARY M
Address	201 ALHAMBRA CIR 1100
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: STEVEN M SIEGFRIED****PRESIDENT****03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date