

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42165

Entity Name: BAC FLORIDA INVESTMENTS CORP.**Current Principal Place of Business:**2333 PONCE DE LEON BLVD.
SUITE 700
CORAL GABLES, FL 33134**Current Mailing Address:**2333 PONCE DE LEON BLVD.
SUITE 700
CORAL GABLES, FL 33134 US**FEI Number:** 59-2741928**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DIAZ, RUBEN
BAC FLORIDA BANK
169 MIRACLE MILE, R-10
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	CD
Name	PELLAS, ALFREDO JR.
Address	2333 PONCE DE LEON BLVD., SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	PDCE
Name	FALLA, ALEJANDRO
Address	2333 PONCE DE LEON BLVD., SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	DAVIS, TIMOTHY W
Address	2333 PONCE DE LEON BLVD. STE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	PARAJON, LUIS
Address	2333 PONCE DE LEON BLVD. SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	VCD
Name	ROBLETO, FRANK D
Address	2333 PONCE DE LEON BLVD., SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	DS
Name	LEON, JOSE L
Address	2333 PONCE DE LEON BLVD., SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	BUSTILLO, OSCAR
Address	2333 PONCE DE LEON BLVD., SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	CUTHBERTSON, BRUCE
Address	2333 PONCE DE LEON BLVD. SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE LUIS LEON**SECRETARY****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LEON, DEBAYLE
Address	2333 PONCE DE LEON BLVD. SUITE 700
City-State-Zip:	CORAL GABLES FL 33134