2019 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: No

Name and Address of Current Registered Agent:

PANNELLA, ANNA MARIA 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: ANNA MARIA PANNELLA

04/29/2019

FILED Apr 29, 2019

Secretary of State

7078776629CC

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIRMAN Title DIRECTOR

Name PELLAS, F. ALFREDO Name TIPPLE, RALPH T

Address 2333 PONCE DE LEON BLVD. Address 2333 PONCE DE LEON BLVD.

SUITE 700 SUITE 700

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR Title DIRECTOR

Name BUSTILLO, OSCAR Name HERNANDEZ, DAVID

Address 2333 PONCE DE LEON BLVD., SUITE Address 2333 PONCE DE LEON BLVD.

0 SUITE 700

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY AND CFO Title DIRECTOR

Name NODAR, MARIA E. Name ROJAS, JULIO

Address 2333 PONCE DE LEON BLVD. Address 2333 PONCE DE LEON BLVD.

SUITE 700 SUITE 700

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR Title PRESIDENT & CEO, VC

Name PETREY, RODERICK Name MARTIN, CARLOS N

Address 2333 PONCE DE LEON BLVD. Address 2333 PONCE DE LEON BLVD.

SUITE 700 SUITE 700

City-State-Zip: CORAL GABLES FL 33134 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: MARIA E. NODAR SECRETARY 04/29/2019