

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97128

Entity Name: WAMPLER, BUCHANAN, WALKER, CHABROW, BANCIELLA & STANLEY, P.A.**FILED**
Jan 05, 2017
Secretary of State
CC1175729464**Current Principal Place of Business:**304 PALERMO AVENUE
2ND FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**PO BOX 14-3746
CORAL GABLES, FL 33114 US**FEI Number: 65-0082249****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WALKER, MICHAEL B
2899 COACOOCHIEE STREET
COCONUT GROVE, FL 33133 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 DP
Name WAMPLER, ATLEE W. III
Address 12535 SW 60TH COURT
City-State-Zip: MIAMI FL 33156Title DT
Name BUCHANAN, JOSEPH R.
Address 6390 SW 96 STREET
City-State-Zip: MIAMI FL 33156Title DST
Name WALKER, MICHAEL B.
Address 2899 COACOOCHIEE STREET
City-State-Zip: COCONUT GROVE FL 33133Title DVP
Name CHABROW, PENN B.
Address 13351 SW 57 COURT
City-State-Zip: MIAMI FL 33156Title DVP
Name BANCIELLA, RICARDO A
Address 5515 MAGGIORE STREET
City-State-Zip: CORAL GABLES FL 33146Title DV
Name STANLEY, S. ALAN
Address 10280 SW 128 STREET
City-State-Zip: MIAMI FL 33176

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: MICHAEL WALKER**PARTNER****01/05/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date