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.

STD

SIGNATURE: ISABEL CALAMA

Electronic Signature of Signing Officer/Director Detail

Entity Name: 1501 METROPOLIS CORP.

DOCUMENT# P06000132439

Current Principal Place of Business:

900 BISCAYNE BLVD SUITE 5706 MIAMI, FL 33132

## **Current Mailing Address:**

PO BOX 310247 MIAMI, FL 33231

## FEI Number: 20-5759682

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PADRO, JOSE F 2520 NW 97 AVE SUITE 120 MIAMI, FL 33172 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:

**Officer/Director Detail :** Title DPST Title STD KREUTZBERGER, PATRICIO CALAMA, ISABEL Name Name 900 BISCAYNE BLVD ,5706 PO BOX 310247 Address Address City-State-Zip: MIAMI FL 33132 City-State-Zip: MIAMI FL 33231

# 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2017 Secretary of State CC0129634277

Certificate of Status Desired: No

04/26/2017

Date