

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045598

Entity Name: CABI AVENTURA GP, INC.

Current Principal Place of Business:

19950 W. COUNTRY CLUB DRIVE
SUITE 900
AVENTURA, FL 33180

Current Mailing Address:

19950 W. COUNTRY CLUB DRIVE
SUITE 900
AVENTURA, FL 33180 US

FEI Number: 20-8928680

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PD
Name CABABIE DANIEL, ELIAS
Address 19950 WEST COUNTRY CLUB DRIVE
SUITE 900
City-State-Zip: AVENTURA FL 33180

Title VP
Name CABABIE DANIEL, ABRAHAM
Address 19950 WEST COUNTRY CLUB DRIVE
SUITE 900
City-State-Zip: AVENTURA FL 33180

Title VP
Name AMKIE LEVY, ELIAS
Address 19950 WEST COUNTRY CLUB DRIVE
SUITE 900
City-State-Zip: AVENTURA FL 33180

Title VP
Name GALANTE, SIMON
Address 1000 BRICKELL AVENUE
SUITE 300
City-State-Zip: MIAMI FL 33131

Title VP
Name GALANTE, ALBERTO
Address 1000 BRICKELL AVENUE
SUITE 300
City-State-Zip: MIAMI FL 33131

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: ELIAS AMKIE LEVY

VP

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date