

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000066833

Entity Name: ARCADIO MIAMI CORP**Current Principal Place of Business:**2727 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**Current Mailing Address:**2727 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US**FEI Number:** 99-0360990**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTIZ, ALEX
2727 PONCE DE LEON BLVD
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 | P |
| Name | QUAGLIA, JORGE A |
| Address | 2727 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|-------------------------|
| Title | VP |
| Name | QUAGLIA, FABIAN A |
| Address | 2727 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|-----------------|-------------------------|
| Title | VP |
| Name | QUAGLIA, DARIO O |
| Address | 2727 PONCE DE LEON BLVD |
| 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: QUAGLIA , JORGE A

P

03/27/2021

Electronic Signature of Signing Officer/Director Detail_____
Date