

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000082555

**Entity Name:** FTL 500 CORP.

**Current Principal Place of Business:**

290 N.W. 165TH STREET  
SUITE M-400  
MIAMI, FL 33169

**Current Mailing Address:**

290 N.W. 165TH STREET  
SUITE M-400  
MIAMI, FL 33169

**FEI Number:** 47-2045907

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LEWIS, LYNN B  
501 BRICKELL KEY DRIVE, SUITE 505  
MIAMI, FL 33131 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 D, PRESIDENT,  
SECRETARY/TREASURER  
Name DA SILVA, ALVARO A  
Address 290 N.W. 165TH STREET  
SUITE M-400  
City-State-Zip: MIAMI FL 33169

Title D  
Name SHIPPAM, C. ANTHONY  
Address 1007 ORANGE STREET  
City-State-Zip: WELMINGTON DE 19801

Title DIRECTOR, VP  
Name DA SILVA, ELIDIA HERTZOG  
Address 290 N.W. 165TH STREET  
SUITE M-400  
City-State-Zip: MIAMI FL 33169

Title D  
Name HARRISON, GREGORY C  
Address 1007 ORANGE STREET  
City-State-Zip: WELMINGTON DE 19801

Title DIRECTOR, VP  
Name DA SILVA, SALUSTIANO COSTA LIMA  
Address 290 N.W. 165TH STREET  
SUITE M-400  
City-State-Zip: MIAMI FL 33169

Title ASSISTANT SECRETARY  
Name FORSTER, VIRGINIA L.  
Address 290 N.W. 165TH STREET  
SUITE M-400  
City-State-Zip: MIAMI FL 33169

*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:** ALVARO DA SILVA

**PRESIDENT**

**06/01/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date