

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000071826

**Entity Name:** MARIAS DE MIAMI CORP

**Current Principal Place of Business:**

20900 NE 30TH AVE  
STE 818  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30TH AVE  
STE 818  
AVENTURA, FL 33180 US

**FEI Number:** 32-0473757

**Certificate of Status Desired:** No

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

TAX, ACCOUNTING & FINANCIAL EXPERTS INC  
20900 NE 30TH AVE  
STE 817  
AVENTURA, FL 33180 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 NICOLINI, ENRIQUE  
Address 20900 NE 30TH AVE STE 818  
City-State-Zip: AVENTURA FL 33180

Title D  
Name NICOLINI, MARIA SUSANA  
Address 20900 NE 30TH AVE STE 818  
City-State-Zip: AVENTURA FL 33180

Title D  
Name NICOLINI, MARIA MARTA  
Address 20900 NE 30TH AVE STE 818  
City-State-Zip: AVENTURA FL 33180

Title D  
Name NICOLINI, MARIA GABRIELA  
Address 20900 NE 30TH AVE STE 818  
City-State-Zip: AVENTURA FL 33180

*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:** ENRIQUE NICOLINI ,

**PRESIDENT**

**03/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date