

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000051077

Entity Name: CITY NATIONAL CAPITAL FINANCE INC.**Current Principal Place of Business:**25 W FLAGLER ST
MIAMI, FL 33130**Current Mailing Address:**25 W FLAGLER ST
MIAMI, FL 33130 US**FEI Number: 81-1486473****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARTIN, S. MARSHALL
25 W FLAGLER ST., 5TH
MIAMI, FL 33130 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
Name GONZALEZ, JORGE
Address 25 W FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title D
Name BUSTLE, NICOLAS
Address 25 W FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title D
Name YARUR, DIEGO
Address 25 W FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title DP
Name CIRA, THOMAS
Address 25 W FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title S&SVP
Name POWERS, MICHAEL
Address 25 W FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title ASSTS
Name MARTIN, S MARSHALL
Address 25 W FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title SVP
Name TROLLINGER, MARK
Address 25 W FLAGLER ST
City-State-Zip: MIAMI FL 33130

Title SVP
Name SERIO, JOSEPH
Address 25 W FLAGLER ST
City-State-Zip: MIAMI FL 33130

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: S. MARSHALL MARTIN**ASSISTANT SECRETARY 01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date