

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000070151

**Entity Name:** CAELCA II, CORP.**Current Principal Place of Business:**1600 PONCE DE LEON, 10TH FLOOR  
CORAL GABLES, FL 33134**Current Mailing Address:**1600 PONCE DE LEON, 10TH FLOOR  
CORAL GABLES, FL 33134**FEI Number:** 32-0543176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANGULO, ANA M  
5975 SUNSET DRIVE  
503  
MIAMI, FL 33143 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	OROPEZA ALVAREZ, CARLOS M
Address	1600 PONCE DE LEON, 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	OROPEZA ALVAREZ, MARIA C
Address	1600 PONCE DE LEON, 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	OROPEZA ALVAREZ, ELBA C
Address	1600 PONCE DE LEON, 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	P
Name	OROPEZA, HUMBERTO
Address	1600 PONCE DE LEON, 10TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	VP/S
Name	DE OROPEZA, CARMEN C
Address	1600 PONCE DE LEON, 10TH FLOOR
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:** CARLOS M OROPEZA ALVAREZ

D

02/21/2020

Electronic Signature of Signing Officer/Director Detail

Date