| 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT |
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DOCUMENT# L13000081641

Entity Name: CINEMA AA MIAMI LLC

Current Principal Place of Business:

1650 NE 115 ST #109 MIAMI, FL 33181

Current Mailing Address:

1650 NE 115 ST #109 MIAMI, FL 33181 US

FEI Number: 30-0786194

Name and Address of Current Registered Agent:

PENA, VERONICA 2700 N MIAMI AVE #704 MIAMI, FL 33127 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.

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|-------------------------------|--|-----------------|--------------------------|------------|--|
| SIGNATURE | : VERONICA PENA | | | 03/30/2017 | |
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | MANAGER | Title | MANAGER | | |
| Name | TORRES, PRISCILLA V | Name | ALCALDE, DIEGO | | |
| Address | 250 NE 25TH STREET, #403 | Address | 250 NE 25TH STREET, #403 | | |
| City-State-Zip: | MIAMI FL 33137 | City-State-Zip: | MIAMI FL 33137 | | |
| Title | MANAGER | | | | |
| Name | NICOLACI, ALESSANDRO | | | | |
| Address | 872 GOLDEN CANE DRIVE | | | | |
| City-State-Zip: | WESTON FL 33327 | | | | |

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIEGO ALCALDE

MANAGER

03/30/2017 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes