

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16849

Entity Name: BROTHERS PROPERTY CORPORATION**Current Principal Place of Business:**TWO ALHAMBRA PLAZA
SUITE 1280
CORAL GABLES, FL 33134**Current Mailing Address:**TWO ALHAMBRA PLAZA
SUITE 1280
CORAL GABLES, FL 33134 US**FEI Number:** 59-2840291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUBAN, KENNETH A
35 OCEAN REEF DRIVE
SUITE 200
KEY LARGO, FL 33037 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	PD
Name	FULLER, VICTOR L
Address	2 ALHAMBRA PLAZA, SUITE 1280
City-State-Zip:	CORAL GABLES FL 33134

Title	S
Name	LUBAN, KENNETH A
Address	35 OCEAN REEF DR, SUITE 200
City-State-Zip:	KEY LARGO FL 33037

Title	T
Name	WITZGALL, DAVID J
Address	301 E 4TH STREET
City-State-Zip:	CINCINNATI OH 45202

Title	ASST. TREASURER
Name	ZBACNIK, ROBERT J
Address	301 E 4TH STREET
City-State-Zip:	CINCINNATI OH 45202

Title	D
Name	VONDERHAAR, DANIEL J
Address	301 E 4TH STREET
City-State-Zip:	CINCINNATI OH 45202

Title	VDAS
Name	FULLER, STEPHEN M
Address	2 ALHAMBRA PLAZA, SUITE 1280
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	LINDNER, JR., S. CRAIG
Address	301 E. 4TH ST.
City-State-Zip:	CINCINNATI OH 45202

Title	DIRECTOR
Name	BERDING, JOHN B
Address	301 E. 4TH ST.
City-State-Zip:	CINCINNATI OH 45202

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: ROBERT J ZBACNIK**ASSISTANT TREASURER** 03/22/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date