

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755002

Entity Name: MIAMI CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS, INC.**Current Principal Place of Business:**100 NE 1ST AVENUE
MIAMI, FL 33132**Current Mailing Address:**100 NE 1ST AVENUE
MIAMI, FL 33132 US**FEI Number: 59-6151172****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JACOBS, CHERYL H
100 NE 1ST AVENUE
MIAMI, FL 33132 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	PRESIDENT
Name	KLUESNER, EUGENE N AIA
Address	806 DOUGLAS ROAD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT-ELECT
Name	ROSABAL, FELIX A AIA
Address	2121 PONCE DE LEON BOULEVARD SUITE 610
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	CORDOVA, JAVIER AIA
Address	2121 PONCE DE LEON BLVD SUITE 1010
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY-TREASURER
Name	OTERO, NEYDA S
Address	1540 SE 24TH AVENUE
City-State-Zip:	POMPANO BEACH FL 33062

Title	VP
Name	HAGOPIAN, JASON
Address	7636 NE 4TH CT. #101
City-State-Zip:	MIAMI FL 33138

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE N. KLUESNER**PRESIDENT****04/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date