

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762960

**FILED  
Apr 19, 2014  
Secretary of State  
CC9689256176**

**Entity Name:** COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

6187 NW 167 ST  
H 36  
MIAMI, FL 33015

**Current Mailing Address:**

6187 NW 167 ST  
H 36  
MIAMI, FL 33015 US

**FEI Number: 65-0263110**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FRANKLIN, CARL E  
6187 NW 167 ST  
SUITE H36  
MIAMI, FL 33015 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 ENGELMANN, MARTIN  
Address 6095 NW 167 ST D7  
City-State-Zip: MIAMI FL 33015

Title ST  
Name JOHNSON, MICHEAL  
Address 6187 NW 167ST H16  
City-State-Zip: MIAMI FL 33015

Title D  
Name AUERBACH, PETER  
Address 6157 NW 167TH ST F20  
City-State-Zip: MIAMI FL 33015

*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: MARTIN ENGELMANN**

**PRES**

**04/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date