

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

DOCUMENT# N02000004839

**Entity Name:** COMMUNITY TECHNOLOGICAL INSTITUTE OF MIAMI, INC.**Current Principal Place of Business:**2324 SW 8TH STREET  
MIAMI, FL 33135**Current Mailing Address:**2324 SW 8TH STREET  
MIAMI, FL 33135 US**FEI Number: 75-3073372****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BARO, LESLY MS MS  
2324 SW 8TH STREET  
MIAMI, FL 33135 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: LESLY BARO****05/19/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARCIA , CALIXTO DR.  
Address        2324 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title            VP  
Name            GONZALEZ, MIGUEL C SR.  
Address        2324 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            JORGE, ESTEBANEZ  
Address        2324 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title            SECRETARY  
Name            ORAMA, NILDA  
Address        2324 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            APARICIO, ELOY  
Address        2324 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            YEREN, CARLOS  
Address        2324 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            MUNOZ FONTANILLS, CARLOS DR.  
Address        2324 SW 8TH STREET  
City-State-Zip: MIAMI FL 33135

*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: DR. CALIXTO GARCIA****PRESIDENT****05/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date