

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001238

**Entity Name:** THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.

**FILED**  
**Jun 25, 2021**  
**Secretary of State**  
**4145465398CC**

**Current Principal Place of Business:**

5601 COLLINS AVE.  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5601 COLLINS AVE.  
MIAMI BEACH, FL 33140 US

**FEI Number: 65-0507316**

**Certificate of Status Desired: No**

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

DE LA CAMARA, ROSA M. ESQ.  
121 ALHAMBRA PLAZA  
10TH FLOOR  
CORAL GABLES, FL 33134 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: ROSA M. DE LA CAMARA**

**06/25/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BACHETTI, HORACIO  
Address        5601 COLLINS AVENUE  
                  1503  
City-State-Zip: MIAMI BEACH FL 33140

Title            VP  
Name            LEIVA, JORGE  
Address        5601 COLLINS AVENUE  
                  805  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY  
Name            HERNANDEZ LEAL, ENA  
Address        5601 COLLINS AVE.  
                  M008  
City-State-Zip: MIAMI BEACH FL 33140

Title            TREASURER  
Name            MAGNORSKY, NATALIA  
Address        5601 COLLINS AVE.  
                  1716  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            GARBARZ, ARIEL  
Address        5601 COLLINS AVE.  
                  1221  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            MEI, CARLOS  
Address        5601 COLLINS AVENUE  
                  1515  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            VALINO, OSVALDO  
Address        5601 COLLINS AVENUE  
                  1615  
City-State-Zip: MIAMI BEACH FL 33140

*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: ENA HERNANDEZ LEAL**

**SECRETARY**

**06/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date