

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 101652

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC4796753206**

**Entity Name:** CORPORATION COMPANY OF MIAMI

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
MIAMI, FL 33131

**Current Mailing Address:**

200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
MIAMI, FL 33131 US

**FEI Number:** 20-2713868

**Certificate of Status Desired:** No

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

SMITH, ALFRED G  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
MIAMI, FL 33131 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:** ALFRED G. SMITH

04/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SMITH, ALFRED G.  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
City-State-Zip: MIAMI FL 33131

Title VP  
Name COHEN, GARY J  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
City-State-Zip: MIAMI FL 33131

Title VP  
Name SALAS, RAUL J.  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
City-State-Zip: MIAMI FL 33131

Title VP  
Name HUMPHRIES, J. GREGORY  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
City-State-Zip: MIAMI FL 33131

Title VP  
Name FARRELL, JAMES  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
City-State-Zip: MIAMI FL 33131

Title VPT  
Name MENOR, ARTHUR J  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
City-State-Zip: MIAMI FL 33131

Title VP  
Name WILLARD, JAMES G.  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
City-State-Zip: MIAMI FL 33131

Title VP  
Name GRINDSTAFF, MICHAEL G  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 4100  
City-State-Zip: MIAMI FL 33131

*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:** GARY J. COHEN

VICE PRESIDENT

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date