

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000097881

**Entity Name:** PAR MIAMI CORP.

**Current Principal Place of Business:**

8607 NW 64TH ST  
MIAMI, FL 33166

**FILED**  
**Jan 26, 2019**  
**Secretary of State**  
**7480871347CC**

**Current Mailing Address:**

8607 NW 64TH ST  
MIAMI, FL 33166 US

**FEI Number: 98-0642846**

**Certificate of Status Desired: No**

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

PALACIOS, MIGUEL E  
8607 NW 64TH ST  
MIAMI, FL 33166 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           DPS  
Name           PALACIOS, MIGUEL E  
Address        8607 NW 64TH ST  
City-State-Zip: MIAMI FL 33166

Title           VP  
Name           LABBE PEREZ, RODRIGO  
Address        8607 NW 64TH ST  
City-State-Zip: MIAMI FL 33166

Title           VP  
Name           RODRIGUEZ ZEA, JOSE C  
Address        8607 NW 64TH ST  
City-State-Zip: MIAMI FL 33166

Title           VP  
Name           SERVALLI, ANGELO M  
Address        155 OCEAN LN APT 501  
City-State-Zip: KEY BISCAYNE FL 33149

Title           V  
Name           DIAZ, EVELYN  
Address        8607 NW 64 STREET  
City-State-Zip: MIAMI FL 33166

*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: PALACIOS MIGUEL E**

**DPS**

**01/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date