

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000058849

Entity Name: MAR AVENTURA ISLES 434, INC.**Current Principal Place of Business:**19244 N. E. 9TH PLACE
MIAMI, FL 33179**Current Mailing Address:**19244 N. E. 9TH PLACE
MIAMI, FL 33179**FEI Number:** 38-3922333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GASTON R. ALVAREZ, P. A.
2655 S. LE JEUNE ROAD
PH-1C
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	CHOCRON BRITO, ESTHER
Address	19244 N. E. 9 PLACE
City-State-Zip:	MIAMI FL 33179

Title	DVP
Name	BRITO DE CHORON, ALICIA
Address	19244 N. E. 9 PLACE
City-State-Zip:	MIAMI FL 33179

Title	DS
Name	CHOCRON BERGEL, MOISES
Address	19244 N. E. 9 PLACE
City-State-Zip:	MIAMI FL 33179

Title	DT
Name	CHOCRON BRITO, MERCEDES
Address	19244 N. E. 9 PLACE
City-State-Zip:	MIAMI FL 33179

Title	DAS
Name	CHOCRON BRITO, DIANA
Address	19244 N. E. 9 PLACE
City-State-Zip:	MIAMI FL 33179

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: CHOCRON BRITO, ESTHER

PRESIDENT

04/30/2018

Electronic Signature of Signing Officer/Director Detail_____
Date