

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000012447

**Entity Name:** RI 1400, INC.

**Current Principal Place of Business:**

200 SOUTH BISCAYNE BLVD  
SUITE 4100 (LAD)  
MIAMI, FL 33131

**Current Mailing Address:**

200 SOUTH BISCAYNE BLVD  
SUITE 4100 (LAD)  
MIAMI, FL 33131 US

**FEI Number:** 47-3310587

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
200 SOUTH BISCAYNE BLVD  
SUITE 4100 (LAD)  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            HORWITZ, VIOLETA  
Address        200 SOUTH BISCAYNE BLVD  
                 SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title            PRESIDENT  
Name            PERO, ALFONSO  
Address        200 SOUTH BISCAYNE BLVD  
                 SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title            TREASURER  
Name            SOLARI, ANDRES  
Address        200 SOUTH BISCAYNE BLVD  
                 SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title            VP  
Name            ALLIENDE, CRISTIAN  
Address        200 SOUTH BISCAYNE BLVD  
                 SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title            SECRETARY  
Name            DE ARMAS, LUIS A  
Address        200 SOUTH BISCAYNE BLVD  
                 SUITE 4100 (LAD)  
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:** DE ARMAS, LUIS A

**SECRETARY**

**03/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date