

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

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CITY OF MIAMI

CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization Miami River Alliance		2. Telephone (305 ) 929-8500	
3. Name of Treasurer or Deputy Treasurer Jose A. Riesco		4. Email (optional) jose@riescoandcompany.com	
5. Telephone (optional) (305 ) 445-0777			
6. Mailing Address 2600 South Douglas Road, Suite 900, Coral Gables, FL 33134			
7. Street Address 2600 South Douglas Road, Suite 900, Coral Gables, FL 33134			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank Suntrust Bank		10. Street Address 201 Alhambra Circle	
11. City Coral Gables		12. State Florida	13. Zip Code 33134
14. Signature of Chairman 		15. Name of Chairman (Print or Type) Juan-Carlos Planas	

**Campaign Treasurer's Acceptance of Appointment**

I, Jose A. Riesco, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Miami River Alliance  
(Committee or Organization)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

1/20/2016  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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CITY OF MIAMI

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name Juan-Carlos Planas, Esq.		Telephone 305-929-8500
Street Address 18851 NE 29 Avenue, Suite 303		
City Aventura	State Florida	Zip Code 33181
Mailing Address 18851 NE 29 Avenue, Suite 303		
City Aventura	State Florida	Zip Code 33181

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

\_\_\_\_\_  
**Signature of Registered Agent**

\_\_\_\_\_  
**Date**

**Former Registered Agent and Office Information (for changes only)**

Name		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization Miami River Alliance		
Street Address 18851 NE 29 Avenue, Suite 303		Telephone 305-929-8500
City Aventura	State Florida	Zip Code 33180

\_\_\_\_\_  
**Signature of Chairperson**

Juan-Carlos Planas

\_\_\_\_\_  
**Printed Name of Chairperson**

1/18/16  
\_\_\_\_\_  
**Date**

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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CITY OF MIAMI

**1. Full Name of Committee**

Miami River Alliance

Telephone  
305-989-8585

Mailing Address (include city, state and zip code)  
18851 NE 29 Avenue, Suite 303, Aventura, FL 33180

Street Address (include city, state and zip code)  
18851 NE 29 Avenue, Suite 303, Aventura, FL 33180

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A	N/A	N/A

**3. Area, Scope and Jurisdiction of the Committee**

City of Miami

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

**Improvements to the Miami River and Riverwalk**

**5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)**

Full Name	Mailing Address	Committee Title or Position
Jose A. Riesco	2600 SOUTH DOUGLAS ROAD, SUITE 900 CORAL GABLES, FLORIDA 33134	Treasurer

**6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)**

Full Name	Mailing Address	Committee Title or Position
Juan-Carlos Planas, Esq.	18851 NE 29 Avenue, Suite 303 Aventura, FL 33181	Chairman and Registered Agent

**7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)**

Full Name	Mailing Address	Office Sought	Party
N/A	N/A	N/A	N/A

**8. List Any Issues this Committee is Supporting:** March 15, 2016, City of Miami ballot measure for lease of City riverfront property.

**List Any Issues this Committee is Opposing:**

**9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party**

n/a

**10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?**

Donation to 501(c)(3) charitable organization.

**11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds**

Name of Bank or Depository & Account Number	Mailing Address
Suntrust Bank	201 Alhambra Circle, Coral Gables, FL 33134

**12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any**

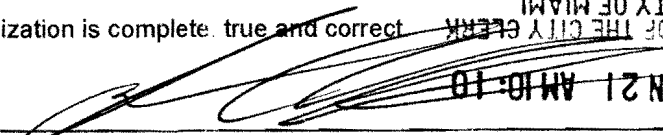
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
SS4 Form 8871 Form 1120 POL Form 990	Upon Formation Upon Formation March 15, Annually May 15, Annually	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida Miami-Dade COUNTY

I, Juan-Carlos Planas, certify that the information in this Statement of

Organization is complete, true and correct.

X

  
Signature of Chairman of Political Committee

1/19/16  
Date

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