

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004620

**Entity Name:** M1 RE 224 CORP.

**Current Principal Place of Business:**

600 5TH AVE  
21ST FLOOR  
NEW YORK, NY 10020

**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC6544642445**

**Current Mailing Address:**

600 5TH AVE  
21ST FLOOR  
NEW YORK, NY 10020 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ASSISTANT SECRETARY  
Name STAVILE, PATRICE  
Address 600 5TH AVE  
21ST FLOOR  
City-State-Zip: NEW YORK NY 10020

Title SECRETARY  
Name BURGE, SETRAKIAN  
Address 600 5TH AVE  
21ST FLOOR  
City-State-Zip: NEW YORK NY 10020

Title CFO  
Name THEVENOUX, MARC  
Address 600 5TH AVE  
21ST FLOOR  
City-State-Zip: NEW YORK NY 10020

Title PRESIDENT  
Name EL SOLH, MOUSTAPHA  
Address 600 5TH AVE  
21ST FLOOR  
City-State-Zip: NEW YORK NY 10020

Title CEO  
Name EL SOLH, MOUSTAPHA  
Address 600 5TH AVE  
21ST FLOOR  
City-State-Zip: NEW YORK NY 10020

*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: PATRICE STAVILE**

**ASSISTANT SECRETARY 04/04/2018**

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

\_\_\_\_\_  
Date