

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

1. Full Name of Committee

Prosperity with Transparency for Miami Beach

Telephone

305-531-2424

Mailing Address (include city, state and zip code)

600 Brickell Avenue, Suite 1715, Miami Florida, 33131

Street Address (include city, state and zip code)

600 Brickell Avenue, Suite 1715, Miami Florida, 33131

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

Issues PC in Miami Beach

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

Supporting responsible economic development.

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, FL 33134	Treasurer
Jeannine Riesco Miranda	2600 South Douglas Road Suite 900 Coral Gables, FL 33134	Deputy 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.	600 Brickell Avenue Suite 1715 Miami Florida, 33131	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: Referendum 3 - Approval of Miami Beach Convention Center Hotel
List Any Issues this Committee is Opposing: to be determined

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

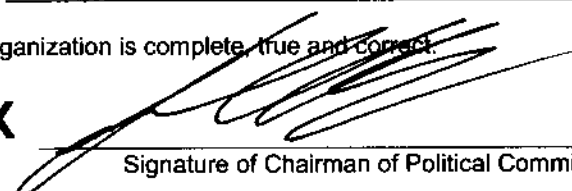
Name of Bank or Depository & Account Number	Mailing Address
Regions Bank	3516 Main Highway, Miami, FL 33133

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	Upon Formation	Internal Revenue Service	Ogden, UT 84201
Form 8871	Upon Formation	Internal Revenue Service	Ogden, UT 84201
Form 1120 POL	March 15, Annually	Internal Revenue Service	Ogden, UT 84201
Form 990	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

10/22/18 Date