2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am § Secretary of State DOCUMENT # N0000004301 1. Entity Name 05-05-2003 90181 039 ****61.25 FREE CUBA FOUNDATION INC. Principal Place of Business Mailing Address 10221 SW 109TH ST 10221 SW 109TH ST MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 31-1721974 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired___ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUAREZ, JOHN J Street Address (P.O. Box Number is Not Acceptable) 10221 SW 109TH ST **MIAMI FL 33176** City Zip Code 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change Addition TITLÊ: SUAREZ, JOHN J NAME NAME 10221 SW 109TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33176 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition UTSET, XAVIER NAME NAME STREET ADDRESS 1763 COLUMBIA ROAD, NW, APT. 404 STREET ADDRESS WASHINGTON DC 20009 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE ACOSTA, SANDY NAME NAME STREET ADDRESS 3051 IDAHO AVE, NW APT 117 STREET ADDRESS **WASHINGTON DC 20016** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE VASQUEZ, CESAR NAME NAME STREET ADDRESS P O BOX 651943 STREET ADDRESS **MIAMI FL 33265** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MARTINEZ, NERI A NAME NAME STREET ADDRESS 1241 SW 143 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33184** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE CASTRO, HELEN NAME NAME STREET ADDRESS 7365 SW 93 AVE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 adstep empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

MIAMI FL 33173

City-ST-7IP