2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000024268 May 04, 2000 8:00 am Secretary of State COMPANIA CUBANA DE ALCOHOL, INC. 05-04-2000 90102 040 ***150.00 Principal Place of Business Mailing Address 1101 BRICKELL AVE., STE 1400 1101 BRICKELL AVE., STE 1400 MIAMI FL 33131-3117 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0671109 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUTIERREZ. JR. NICHOLAS J ESQUIRE** Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVE., STE 1400 **MIAMI FL 33131** Zip Code FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME CARRILLO, ENRIQUE SR STREET ADDRESS STREET ADDRESS 6440 S.W. 20TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Addition ☐ Change TITLE ☐ Delete TITLE NAME CARRILLO, DOLORES D NAME STREET ADDRESS STREET ADDRESS 3620 GRANADA BLVD. CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition Delete TITLE ☐ Change TITLE NAME CARRILLO-MENDOZA, GLORIA NAME STREET ADDRESS STREET ADDRESS 801 CAPRI STREET APT. 305 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change Addition ☐ Delete TITLE TITLE BARRERA, MARGARITA NAME STREET ADDRESS STREET ADDRESS 123 PARK AVNUE APT. 11-C CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10128-1728** ☐ Change Addition ☐ Delete TITLE TITLE NAME DEL VALLE RICHARDS, LOYOLA NAME STREET ADDRESS STREET ADDRESS 1101 FLOR LANE CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA 22101 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME GUTIERREZ, JR, NICHOLAS J ESQ STREET ADDRESS STREET ADDRESS 1101 BRICKELL AVE., STE 1400 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131**

Sector. Nicolas J. Gutiérrez, Jr., Esq.305-373-0330 SIGNATURE:

CER OR DIRECTOR

13. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if