AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -5 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025918

1. Entity Name: FONT-SERRANO CUBAN HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1101 Brickell Avenue	1101 Brickell Avenue
Suite, Apt. #, etc. Suite 1400	Suite, Apt. #, etc. Suite 1400
City & State Miami, Florida	City & State Miami, Florida
Zip 33131 Country USA	Zip 33131 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0677158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nicolás J. Gutiérrez, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable): 1101 Brickell Avenue, Suite 1400

City: Miami FL Zip Code: 33131

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: Nicolás J. Gutiérrez, Jr., Esq. , Nicolás J. Gutiérrez, Jr., Esq. 4/22/02

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Font-Serrano, Jorge P.
STREET ADDRESS	11716 S.W. 93rd Terr.
CITY-ST-ZIP	Miami, Florida 33186
TITLE	V/D
NAME	Fernández-Aballí, Hortensia
STREET ADDRESS	11716 S.W. 93rd Terr.
CITY-ST-ZIP	Miami, Florida 33186
TITLE	S/T/D
NAME	Fernández-Aballí, Tomás T.
STREET ADDRESS	11716 S.W. 93rd Terr.
CITY-ST-ZIP	Miami, Florida 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tomás T. Fernández-Aballí 4/22/02 (303) 275-0575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

pp 6/14/02