Jun 19, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0100006659 05-19-2002 90228 030 ****61.25 THE CUBAN HERITAGE FOUNDATION OF ST. AUGUSTINE, Principal Place of Business Mailing Address 94039 200 HERITAGE COURT 200 HERITAGE COURT ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address P.O. BOX 04 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ity & State 4. FEI Number Applied For 54 -s Not Applicable Zip Country SA \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CARAMES, ERNEST J 200 HERITAGE COURT ST AUGUSTINE FL 32080 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. The state of the s 9. Election Campaign Financing . 3 qo \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DUES/DE-2 THRE ☐ Delete ☐ Addition E037 (9/01 NAME *\$*2*58*0 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE lice one e TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3508 O CITY ST. 7IP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ... ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIF TITLE ☐ Delete ☐ Change Addition ्रा क्षेत्रप्रधानम् वर्षे स NAME NAME Maka Check Payab a to STREET ADDRESS 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 trustee 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-ZIP

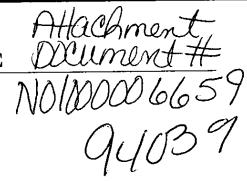
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

FILED

CUBAN HERITAGE FOUNDATION OF ST. AUGUSTINE

PO Box 0494 St. Augustine, FL 32085 www.cubanhfofst.aug.org



June 11, 2002

Florida Department of State

RE: Cuban Heritage Foundation of St. Augustine, Incorporated

Dear Florida Department of State:

I am in receipt of your letter dated May 29, 2002. In reference to clarifying the members classification. I am re-forwarding it back to the Florida Department of State with the clarification of the letter D, which stands for board of directors.

If I can be of any further assistance, please do not hesitate contact us.

Sincerely,

Ernest J. Carames, President.

EJC:TFP/wkj